

MEMORANDUM

DATE	February 20, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 15(a) – Review of Bills for Active Position Recommendations to the Board AB 489 (Bonta) Health care professions: deceptive items or letters: artificial intelligence

Background

On February 20, 2025, AB 489 was introduced by Assemblymember Bonta.

AB 489 would establish legal provisions that prohibit Artificial Intelligence (AI) use of certain terms, letters, or phrases that falsely suggest or imply that the care being provided by AI is from a licensed or certified natural person in a health care profession. This bill would expand upon existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession.

The bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. Violations would be subject to enforcement by the appropriate health care boards, with each instance of misuse considered a separate violation.

The bill also creates a state-mandated local program due to the expansion of these legal provisions. While the California Constitution requires the state to reimburse local agencies for certain costs, this bill specifies that no reimbursement is required for this act.

Action Requested

Staff Recommendation: Board staff recommends the Board support the intent of AB 489. Board staff recommends the Board take a **Support if Amended** position

on AB 489 to include reports, assessments, and other amendments identified by the Board.

Attachment #1: AB 489 Bill Analysis

Attachment #2: Bill Text

Attachment #3: Fact Sheet

2025 Bill Analysis

Author: Assemblymember Mia Bonta	Bill Number: AB 489	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care professions: deceptive terms or letters: artificial intelligence		

SUMMARY

This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional. Violations would be subject to enforcement by the appropriate health care boards, with each instance of misuse considered a separate violation. Furthermore, the bill would create a state-mandated local program due to the expansion of these legal provisions. While the California Constitution requires the state to reimburse local agencies for certain costs, this bill specifies that no reimbursement is required for this act.

RECOMMENDATION

Staff Recommendation: Board staff recommends the Board support the intent of the AB 489. Board staff recommends the Board take a **Support if Amended** position on AB 489 to include reports, assessments, and other amendments identified by the Board.

FOR DISCUSSION – Staff recommend the Board take a Support if Amended position on AB 489.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s)	<input type="checkbox"/> Affects Licensing Processes
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Affects Enforcement Processes
<input type="checkbox"/> Regulations Required	<input type="checkbox"/> Legislative Reporting
<input type="checkbox"/> New Appointment Required	
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
<input type="checkbox"/> Support	<input type="checkbox"/> Support
<input type="checkbox"/> Support if Amended	<input type="checkbox"/> Support if Amended
<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose
<input type="checkbox"/> Oppose Unless Amended	<input type="checkbox"/> Oppose Unless Amended
<input type="checkbox"/> Neutral	<input type="checkbox"/> Neutral
<input type="checkbox"/> Watch	<input type="checkbox"/> Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

The author asserts that “Californians deserve truth, honesty, and transparency in their healthcare.” According to the author, “Generative AI systems are booming across the internet,” however, these systems are not licensed health professionals and should not be presented as such. To protect consumers, especially children and those unfamiliar with AI, from deception, the author introduced AB 489. This bill aims to prevent the dishonest or negligent use of generative AI that could confuse and mislead California consumers.

This legislation follows reports of individuals forming unhealthy attachments to AI chatbots, with some chatbots falsely posing as licensed professionals. Moreover, AI's rapid rise in healthcare is evident, with some companies encouraging staff to use AI to interact with patients, and others creating "AI nurses" for hire. AB 489 ensures that consumers can clearly understand whether they are engaging with a human or an AI.

ANALYSIS

Existing law mandates that health facilities, clinics, physician's offices, or group practices using generative AI to create written or verbal communications related to patient clinical information must include two key elements: (1) a disclaimer informing the patient that the communication was generated by AI, and (2) clear instructions on how the patient can contact a human health care provider, employee, or another appropriate person. To further protect consumers, AB 489 would establish legal provisions that prohibit AI the use of certain terms, letters, or phrases that falsely suggest or imply that the care being provided by AI is from a licensed or certified natural person in a health care profession.

The bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of these regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice. Violations of these provisions would be enforceable by the relevant health care licensing boards. Each instance of AI misuse—such as an individual AI term or phrase being used—would be considered a separate violation, increasing the potential penalties.

The Board may face jurisdictional challenges when investigating complaints against an AI system, as many AI-driven healthcare tools are developed by out-of-state or international entities. Additionally, when a complaint is received, the enforcement analysts must determine whether there is a disclaimer or a transparency statement, which would require them to access that specific AI platform.

Existing law defines Artificial Intelligence as an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual

environments. For the purposes of this bill, the term "health care profession" refers to any profession that is subject to licensure or regulation.

By expanding existing criminal laws, this bill creates a state-mandated local program. This could place additional responsibilities on local agencies to enforce these regulations, although the state would not be required to reimburse local agencies for any costs incurred due to the implementation of this program. Despite the potential for increased enforcement costs at the local level, the bill includes a provision that exempts the state from providing reimbursement. This aligns with the California Constitution, which exempts the state from reimbursing local agencies when a new crime or infraction is created, or when penalties for existing offenses are modified.

LEGISLATIVE HISTORY

Not Applicable at this time.

OTHER STATES' INFORMATION

Not Applicable at this time.

PROGRAM BACKGROUND

The Board of Psychology protects consumers of psychological services by licensing psychologists and associated professionals, regulating the practice of psychology, and supporting the ethical evolution of the profession.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

The Board has policies and procedures in place to take, review and act upon a complaint if needed, however, unlike traditional complaints on individual practitioners, AB 489 will target AI-driven violations. Since AB 489 will make each use of the prohibited terms a separate offense, this could have impacts on the enforcement staff and resources. The enforcement staff may see an increase in complaints stemming from patients, healthcare professionals and consumer protection groups. Investigation into these violations would mostly likely require unique expertise to fully investigate the AI cases including, tracing the AI content, determining which entity is responsible and verifying disclaimers and compliance measures. Investigators would need the ability or tools to capture and verify these real-time AI-generated responses.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Not Applicable at this time.

Support:

Opposition:

ARGUMENTS

Proponents:

Opponents:

AMENDMENTS

ASSEMBLY BILL

No. 489

Introduced by Assembly Member Bonta

February 10, 2025

An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 489, as introduced, Bonta. Health care professions: deceptive terms or letters: artificial intelligence.

Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.

Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the

jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

By expanding the scope of existing crimes, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 15.5 (commencing with Section 4999.8)
2 is added to Division 2 of the Business and Professions Code, to
3 read:

4
5 CHAPTER 15.5. HEALTH ADVICE FROM ARTIFICIAL
6 INTELLIGENCE
7

8 4999.8. (a) For purposes of this chapter, “artificial intelligence”
9 has the same meaning as set forth in Section 11546.45.5 of the
10 Government Code.

1 (b) For purposes of this chapter, “health care profession” means
2 any profession that is the subject of licensure or regulation under
3 this division or under any initiative act referred to in this division.

4 4999.9. (a) A violation of this chapter is subject to the
5 jurisdiction of the appropriate health care professional licensing
6 board or enforcement agency.

7 (b) Any provision of this division that prohibits the use of
8 specified terms, letters, or phrases to indicate or imply possession
9 of a license or certificate to practice a health care profession,
10 without at that time having the appropriate license or certificate
11 required for that practice or profession, shall be enforceable against
12 a person or entity who develops or deploys a system or device that
13 uses one or more of those terms, letters, or phrases in the
14 advertising or functionality of an artificial intelligence system,
15 program, device, or similar technology.

16 (c) The use of a term, letter, or phrase in the advertising or
17 functionality of an AI system, program, device, or similar
18 technology that indicates or implies that the care or advice being
19 offered through the AI technology is being provided by a natural
20 person in possession of the appropriate license or certificate to
21 practice as a health care professional, is prohibited.

22 (d) Each use of a prohibited term, letter, or phrase shall
23 constitute a separate violation of this chapter.

24 SEC. 2. No reimbursement is required by this act pursuant to
25 Section 6 of Article XIII B of the California Constitution because
26 the only costs that may be incurred by a local agency or school
27 district will be incurred because this act creates a new crime or
28 infraction, eliminates a crime or infraction, or changes the penalty
29 for a crime or infraction, within the meaning of Section 17556 of
30 the Government Code, or changes the definition of a crime within
31 the meaning of Section 6 of Article XIII B of the California
32 Constitution.



SUMMARY

Assembly Bill 489 prohibits artificial intelligence (AI) systems or similar technologies from misrepresenting “themselves” as licensed health professionals.

BACKGROUND AND PROBLEM

Programs and chatbots powered by artificial intelligence have exploded in popularity. Because AI systems can now produce natural-sounding language, and because these systems are trained on a vast amount of information, including health-related information, they can convincingly mimic a health professional. Without proper safeguards, this capability can pose a danger to consumers in both health and non-health applications, especially to children and individuals with low health and/or digital literacy.

At this time, Generative AI capabilities are being integrated into a variety of health care applications. Researchers have shown these capabilities can enhance medical imaging, genetic data analysis, and electronic health records (EHR) analysis, such as sepsis prediction and breast cancer detection, among other applications. Despite potential benefits, experts studying the use of AI systems in health care emphasize these systems should augment and assist, not replace, human health care professionals. For instance, consumers should be able to trust that a “nurse advice” telephone line or chat box is staffed by a licensed human nurse.

At the same time health care entities are exploring clinical applications of AI, there is also problematic misrepresentation occurring outside of health settings. Without safeguards, this could become even more common. For instance, artificial intelligence “companions” deployed by companies like Character.ai can take on the persona of, and play-act as, licensed health care professionals. This includes, for instance, an artificially generated and automated “character” named “Psychologist” that dispenses mental health advice in an interactive chat, while insisting it is both a human and a psychologist licensed in California.

No entity should be able to indicate or imply that there is a licensed health professional at the other end

of a conversation with a completely automated system. Californians deserve transparency and protection from misrepresentation, and artificial intelligence technologies must be developed and deployed responsibly to prevent such misrepresentation.

EXISTING LAW

Current Statute:

Prohibits a person from practicing medicine, including diagnosing, treating, or prescribing for any medical condition, without a medical license, and makes a violation a public offense punishable by a fine of up to \$10,000 and/or up to a year in prison. [Business and Professions Code (BPC) §2052]

Establishes standards for “telephone medical advice services”, including that such services are staffed with appropriately credentialed health professionals. [BPC §4999 et seq.]

Establishes regulation and title protections for various health professionals under boards under the Department of Consumer Affairs (DCA). [Division 2 of the BPC].

Prohibits, under general business regulations, false advertising and various types of misrepresentation, including those related to price, quantity, and false or misleading advertising claims. [BPC §17500 et seq.]

Specifies DCA may request the Attorney General or city or county attorneys to investigate claims of false advertising, and allows those entities to enforce truth in advertising laws by taking specified actions. [BPC §17508]

Prohibits a person to use a “bot,” as defined, to communicate or interact with another person in California online, with the intent to mislead the other person about its artificial identity, for the purpose of knowingly deceiving the person in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election, and requires disclosures if a bot is used in this manner. [BPC §17940 et seq.]

Defines “artificial intelligence” as an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. [Government Code §11546.45.5]

SOLUTION

This bill will provide state health professions boards clear authority to enforce title protections when AI systems or similar technologies, such as internet-based chatbots, misrepresent “themselves” as health professionals.

Specifically, it will allow health professions boards to enforce violations of existing title protections by making entities who develop and deploy AI systems responsible for any such violations by the systems they develop or deploy.

In addition, this bill explicitly prohibits AI systems or similar technologies from misrepresenting “themselves” as human health professionals, leaving no doubt that the law prohibits such conduct.

SUPPORT

SEIU California (sponsor)

California Medical Association (sponsor)

FOR MORE INFORMATION

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Assembly Health Committee

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MEMORANDUM

DATE	February 18, 2025
TO	Board Members
FROM	Jonathan Burke Interim Executive Officer
SUBJECT	Agenda Item 17 Discussion and Possible Action on Proposed Changes to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct

Background:

The American Psychological Association (APA) Ethics Code Task Force (ECTF)—a task force of the APA Ethics Committee—is seeking public comment on a new draft of the Ethical Principles of Psychologists and Code of Conduct (the “draft Ethics Code” or “draft Code”). The ECTF was tasked with developing a draft that is both visionary and transformational while remaining a practical resource for ethical guidance in psychological science, education, and practice.

In accordance with Business and Professions Code, section 2936, The board shall establish as its standards of ethical conduct relating to the practice of psychology, the “Ethical Principles of Psychologists and Code of Conduct” (Ethical Principles) published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

It has been over twenty years since the APA’s current Ethical Principles of Psychologists and Code of Conduct were adopted. According to the APA, the new draft is designed to serve as the comprehensive Ethics Code for our profession, addressing the diverse roles and responsibilities of psychologists working with individuals, groups, organizations, communities, and systems. “It incorporates recent scientific and technological advances, reflects the growth of psychology as a field, and emphasizes the importance of diversity, culture, and social justice”.

The ECTF is inviting public comment on the initial draft. Board Enforcement Staff and DCA Legal Counsel have reviewed the document and do not have concerns and do not have recommended comments.

Action Requested:

The Board should review the draft and determine if any comments are necessary.

Attachments:

- A. Draft Ethical Principles of Psychologists and Code of Conduct
- B. Current Ethical Principles of Psychologists and Code of Conduct
- C. APA 2024 Presentation on the Draft Code
- D. Differences Summary

Ethical Principles of Psychologists and Code of Conduct

Introduction

The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (hereafter, Ethics Code or Code) incorporates scientific advances, professional knowledge, growth in scope of the field, the recognition and adoption of the many facets of diversity, respect for human and civil rights, and promotion of social justice. This Ethics Code addresses the varied identities, contexts, and workplaces of psychologists. It reflects the scope, applicability, and breadth of roles and responsibilities in which psychologists are engaged. This Ethics Code broadens its scope to encompass more specifically the work of psychologists when they are interacting with groups, organizations, communities, and systems, in addition to individuals.

Structure of the Code

The Ethics Code is composed of four parts: the Introduction, eight Principles, Explanation of the Relationship Between Principles and Standards and ten sections of Standards.

Introduction

The Introduction explains the interrelatedness of the Principles and Standards, the applicability of the Ethics Code, the use of terminology, and outlines the framework for understanding and interpretation of the Ethics Code.

The Principles

Principles function as both the ethical foundation and ideals of the profession. They serve as moral guides that apply to our work and promote consistency across our discipline. Although not enforceable, the Principles are part of an ethical framework that reflects psychologists' shared values and drives the profession. Principles help psychologists work toward common goals by delineating duties and responsibilities agreed upon by the profession. The eight Principles are interrelated and have varying relevance based on context. All Principles are relevant to all ten sections of the Standards.

They are in alphabetical order and do not reflect primacy or ranking of any nature. When faced with a dilemma of two seemingly equal and important Principles, the more relevant Principle would take precedence depending on factors such as context and culture, thereby allowing psychologists to apply the most applicable Principles tailored to the specific dilemma. The Principles are presented as foundational concepts and provide a framework through which psychologists - - whether in their scientific, educational, or professional roles - - make decisions based on context, including culture.

Relationship Between the Principles and the Standards

Good ethical decision-making requires psychologists to consider both Principles and Standards in tandem. This section of the Code was developed to a) assist psychologists in demonstrating the relationship between Principles and Standards and b) assist with better ethical decision-making.

The Standards

The 10 sections of Standards reflect standards from the prior Code and new Standards embodying advances and growth in the field of psychology. The Standards are enforceable in that allegations of violations may cause cases to be opened by the APA Ethics Committee or by other institutional, governing, or regulatory bodies that choose to adopt them. The Standards are not, and cannot be, exhaustive. The fact that a given

49 conduct is not specifically addressed by a Standard does not mean that it is necessarily either ethical or
50 unethical.

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52 The following six Standard sections of the Code apply to all psychologists regardless of professional
53 activities: *Competence; Professional Responsibility; Relationship with the Public; Informed Consent;*
54 *Confidentiality and Privacy; and Technology.* The following four additional Standard sections apply to
55 psychologists engaged in specific professional activities: *Research, Publication, and Scientific Integrity;*
56 *Education, Training, and Supervision; Psychological Services; and Testing, Assessment, and Evaluation.* In
57 addition, psychologists should consider the Code as a whole rather than focus on a particular section when
58 making an ethical decision, as multiple Standards across sections may apply. Some Standards have cross-
59 references (“Consult also”) included. The inclusion of cross-references means that psychologists should
60 consider it a related obligation such that they should read both the initial Standard(s) as well as the cross-
61 referenced Standard(s).

62 63 **Applying the Ethics Code**

64 Psychologists should consider multiple Principles and Standards when engaging in ethical decision-making,
65 although only the Standards provide a basis for enforcement under APA’s Ethics Code. Some applicable
66 Standards may be found in different sections of the Code and therefore psychologists need to have a
67 comprehensive understanding of both the structure and content of the entire Code. The Principles and
68 Standards should be considered within and across relevant contexts and cultures. Psychologists should be
69 familiar with ethical decision-making models and consider their own biases when making decisions.

70 71 **APA Guidelines**

72 APA guidelines differ from the Code in that they are developed by specialists in the given subject matter
73 area and approved by the APA Council of Representatives. These guidelines are more descriptive and
74 inclusionary than the Ethics Code Standards can reasonably be and therefore are considerations for more
75 specific professional behavior or conduct. APA guidelines are clustered in the areas of Clinical Practice,
76 Education, Professional Practice, Public Interest, Research, and Science. Although not enforceable, the
77 guidelines are valuable references as psychologists incorporate services to specific populations, skill-based
78 areas of practice, and competency-based services.

79 80 **Scope of the Ethics Code**

81 This Ethics Code applies to psychologists’ activities that are part of scientific, educational, practice, and
82 other professional roles. Areas covered include but are not limited to the following: research; teaching;
83 supervision of trainees; public service; psychotherapy; and psychological assessment and intervention at
84 the individual, group, organizational, community, or systems levels. Areas of application include but are not
85 limited to policy development; test construction; consultation; forensic activities; artificial intelligence;
86 mental health applied technologies and digital therapeutics development; program design and evaluation;
87 research and administration of academic or professional psychology programs. The Code also applies to
88 these activities across a variety of contexts and delivery modalities in any medium such as in person,
89 remote, telephone, Internet, social media, and other electronic transmissions. Although the Code applies to
90 their professional behavior only, psychologists should consider whether their personal conduct may impact
91 those with whom they work and the public’s trust and perception of the profession and the discipline.

92 93 **Terminology**

94 The terms utilized in the Ethics Code are meant to be understood within context or common vernacular and
95 do not require additional definition. Reference to those with whom psychologists work and modifiers within
96 Standards, however, are defined herein to provide a common frame of reference for the reader.

- 98 • **Third-party clients** are those with whom psychologists contract for psychological services but are not
99 the recipients of services. Examples include services to school systems for student evaluation, court
100 systems for competency to stand trial, family and child services for parent fitness, and personnel
101 services for business entities.
- 102
- 103 • **Clients/patients** are those with whom psychologists contract for services and also receive psychological
104 services. A frequent setting would be independent practice or medical centers.
- 105
- 106 • **Recipients** are not contractors of the services, but are those who receive psychological services, such as
107 minors and those being evaluated by psychologists for a third-party client for fitness, employment, and
108 competency.
- 109
- 110 • **Psychological services** are professional services psychologists offer to the public inclusive of individuals,
111 groups, organizations, communities, and systems; and includes testing, assessment, and evaluation.
112 Psychological services do not apply to research and educational settings. Those settings are addressed
113 in the *Research, Publication, and Scientific Integrity* and the *Education, Training, and Supervision*
114 Sections of the Code, respectively.
- 115

116 Modifiers are terms to assist psychologists in making interpretations or in decision-making since the strict
117 terminology of a standard may not give adequate guidance and latitude that psychologists must have in
118 making judgments. Common modifiers are *reasonable, appropriate, potential, in context, and as applicable*.
119 As used in the Code, the term *reasonable* means the prevailing professional judgment of psychologists
120 engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should
121 have had at the time. The modifiers are included to address injustice or inequality, ensure applicability
122 across a broad range of activities, guard against a set of rigid rules, and clarify, describe, or further define
123 the Principles and Standards.

124 **Enforcement of the Ethics Code**

125 Membership in the American Psychological Association commits members, including associate members
126 and graduate student members, to comply with APA's Ethics Code and to be subject to the "Rules and
127 Procedures of the Ethics Committee" (www.apa.org/ethics) used to enforce them by APA. Lack of
128 awareness or misunderstanding of a Standard is not itself a defense to a charge of unethical conduct.

129

130 The Code may also apply to psychologists where the Code is adopted in academic institutions, professional
131 and scientific organizations, and by licensing boards. Psychology licensing boards, other professional
132 groups, or universities may independently choose to impose their own sanctions for actions they deem to
133 have violated the APA Ethics Code that they incorporate into their rules, regardless of whether the
134 psychologist is a member of APA. Such non-APA proceedings are brought and pursued separately and
135 independently from APA, and APA does not control the use or interpretation of the Code by these parties.

136

137 The Ethics Code is not intended to be a basis for civil liability nor interpreted as a civility code. Whether a
138 psychologist has violated the Standards of the Ethics Code does not by itself determine whether the
139 psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal
140 consequences occur.

141

142 Psychologists consider this Ethics Code in addition to applicable laws and psychology board regulations
143 when in the process of making decisions regarding their professional behavior. In applying the Ethics Code
144 to their professional work, psychologists may consider other materials and guidelines that have been
145 adopted or endorsed by scientific and professional psychological organizations and the dictates of their own
146 conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard
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148 of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists'
149 ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make
150 known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner
151 in keeping with basic principles of human rights.

152 Principles

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155 The Principles in this section are aspirational and inspirational in nature and are phrased to represent the
156 ideals of the profession. They are not enforceable obligations, mandatory for individual psychologists, or
157 the basis for imposing sanctions on individuals under this Ethics Code. The Principles seek to guide and
158 inspire psychologists toward the very highest ethical ideals of the professional.

159 **Beneficence**

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163 Beneficence is the promotion and protection of the well-being of others with whom psychologists work.
164 Psychologists safeguard, protect, and contribute to the well-being, welfare, and rights of Persons and
165 Peoples. They act to safeguard and protect the welfare of the natural environment and animals in research
166 and professional practice.

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168 • Psychologists maximize benefit in ways that respect the dignity, identity, and diversity of all Persons
169 and Peoples.
- 170
171 • Psychologists protect and promote human and animal well-being in their training, research,
172 professional services, and advocacy.
- 173
174 • In their work, psychologists address conflicts and attempt resolutions by identifying and weighing the
175 diversity of values, rights, resources, and interests that promote the well-being of those with whom
176 they interact and the public at large.
- 177
178 • Psychologists establish and maintain knowledge and awareness of their professional and personal
179 values, experiences, culture, and social contexts. They identify and limit biases that may detract from
180 the well-being of those with whom they professionally interact.
- 181
182 • Psychologists take responsibility for their professional activities, including decision-making, and how
183 these activities promote and protect the well-being of others.
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185 • Psychologists strive to contribute a portion of their professional service for little or no compensation
186 primarily for the benefit of others.

187 **Human and Civil Rights**

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191 Human rights are the inherent and fundamental rights, freedoms, and protections foundational to all
192 humankind. These rights are universal, inalienable, indivisible, and include, but are not limited to, political,
193 social, economic, cultural, and Indigenous rights. Civil rights are the rights defined by laws of government.
194 Because human and civil rights are fundamental, psychologists consider them in all their work and with all
195 populations with whom they engage.

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- Psychologists acknowledge the worth, dignity and rights of individuals, groups, and communities with whom they work.
- Psychologists recognize that advancing human and civil rights can improve the lives of their clients, their families, and communities, thereby enhancing the discipline of psychology.
- Psychologists understand the historical and contemporary consequences of human and civil rights violations, as well as the detrimental effects of structural and systemic inequities on those with whom they interact.
- Psychologists, in their professional work, strive to identify, prevent, and remedy violations of human and civil rights.
- Psychologists promote equitable access to the benefits of psychological science and mental health services as a human and civil right.

Integrity and Trustworthiness

Integrity is adherence to ethical principles, values, and practices. Psychologists consistently demonstrate authenticity, conscientiousness, honesty, and truthfulness in their professional responsibilities and relationships. They create conditions of trust and maintain trustworthiness by consistently demonstrating these behaviors. Psychologists develop and demonstrate cultural competence and cultural humility in their work.

- Psychologists build trust with and maintain the highest level of integrity towards those individuals, groups, organizations, and communities with which they interact professionally.
- Psychologists understand that integrity is essential for the advancement of scientific knowledge and public confidence in the discipline of psychology.
- In situations that challenge integrity, psychologists remain steadfast in their adherence to ethical principles, values, and practices.
- Psychologists strive to keep their promises and avoid commitments that are unclear or unwise.
- Psychologists demonstrate integrity by reasoning, acting, and speaking with honesty, transparency, and consistency in accordance with the Ethics Code in the science, teaching, and practice of psychology.

Justice and Social Justice

Justice refers to treatment that is equitable and fair (i.e., free from self-interest, prejudice, or favoritism). Social justice is justice applied at the intergroup, systems, and societal levels. Social justice includes equitable and inclusive policies and procedures within a society as well as equitable resources and privilege. Psychologists balance individual, intergroup, systems, and societal factors when evaluating fairness, equity, and inclusion. In making evaluations, psychologists consider their individual power and privilege as well as the power and privilege conferred by the psychologist’s role in research, education,

245 and practice. Psychologists are committed to the reduction of disparities that impact the psychological
246 well-being of marginalized groups.

- 247
- 248 • Psychologists acknowledge in their work the worth, dignity and rights of individuals, groups and
249 communities and strive to promote the fair and equitable treatment of all Persons and Peoples and
250 quality of the psychological services to which they have access.
- 251
- 252 • Psychologists seek to proactively identify and account for their subjectivity. Through intentional self-
253 reflection and critical analysis, psychologists aim to minimize the potential influence of their subjectivity
254 in decision-making.
- 255
- 256 • Psychologists take precautions to ensure that their potential intergroup and systemic biases and
257 boundaries of their competence do not lead to or condone unjust practices and do not knowingly
258 condone activities of others based upon such biases.
- 259
- 260 • Psychologists consider in their work that biases can result in differential distributions of power and
261 resources within society and strive to address such inequities when they recognize them.
- 262
- 263 • Psychologists use their knowledge, skills, experience, and influence to identify and counteract the
264 underlying causes and conditions of social injustices that are deleterious to the health and well-being of
265 clients/patients/recipients, individuals, groups, and communities with whom they work.
- 266
- 267 • Psychologists promote resistance and resiliency through their work against discriminatory societal
268 behaviors that create and maintain inequities.
- 269
- 270 • Psychologists are intentional in their work efforts to eliminate historical and contemporary barriers and
271 institutional practices that potentially impede equitable access to the contributions of psychology.
- 272
- 273 • As relevant and appropriate, psychologists contribute their expertise to the development of new
274 technologies (e.g., robotics, digital therapeutics, conversational AI, agentic AI, algorithms in general) that
275 could result in processes or decisions that unjustly impact individuals or groups and make reasonable
276 efforts to prevent or correct such applications. Psychologists make reasonable efforts to ensure any
277 technologies they either help create or utilize adhere to the core principles of the Code..
- 278

279 **Nonmaleficence**

280
281
282 Nonmaleficence is the obligation to weigh benefits, risks, and consequences to avoid or minimize harm in
283 the performance of their professional responsibilities. Harm is the intentional or unintentional act of
284 maltreatment. Perceived negative outcomes resulting from psychologists' professional decisions and
285 actions do not constitute harm. Psychologists recognize actual or potential harms before acting, and, as
286 appropriate, advise affected parties of available options. While recognizing that both perceived or actual
287 harm is sometimes unavoidable or unanticipated, psychologists nonetheless address these matters with
288 affected parties and seek to minimize harm.

- 289
- 290 • Psychologists do not engage in intentional professional wrongdoing, fail to act when there is a duty to
291 act, or behave in a manner that is not professionally appropriate in service to those with whom they
292 work.
- 293

- 294 • Psychologists identify the influence of professional and personal biases that advantage the psychologists’
295 interests over the interests and well-being of those with whom they work and act to avoid and minimize
296 their impact.
- 297
- 298 • Psychologists recognize power differences between themselves and those with whom they work. They
299 guard against personal, financial, social, organizational, cultural, and political factors that might lead to
300 undue influence, misuse of their influence, or exploitation of others.
- 301
- 302 • Psychologists avoid coercion or other means that inappropriately diminish or deny the autonomy and
303 voluntary decisions of those individuals, groups, organizations, and communities, with whom they work.
- 304
- 305 • Psychologists avoid the harm that may occur by not taking into account the potential impact of equity,
306 diversity, culture, and inclusion in their research, education, and practice.
- 307
- 308 • Psychologists ensure that they do not misuse their professional services and scientific knowledge to
309 harm Persons, Peoples, communities, animals, or the natural environment.
- 310
- 311

312 **Recognition of Social Systems and the Natural Environment**

313
314 Social systems include the groups, organizations, and communities in which people are embedded and
315 that influence behavior. The natural environment includes all non-artificial living and non-living things.
316 Psychologists strive to identify, understand, and account for the influences on Persons and Peoples that
317 arise from social systems. They also may assess and intervene with social systems themselves.
318 Psychologists consider and consider in their work the effects of the natural environment on individuals
319 and social systems, and the impact of People, Persons, and social systems on the natural environment.

- 320
- 321 • Psychologists strive to understand and to consider in their work the ways in which behavior is influenced
322 by all levels of human interaction.
- 323
- 324 • Psychologists who work with or in complex social systems identify and act upon their multiple,
325 sometimes competing, roles and ethical obligations. They address ethical complexities and conflicts that
326 may arise in their work settings.
- 327
- 328 • Psychologists seek to understand behavior in a global context in recognition of interrelatedness of all
329 people.
- 330
- 331 • Psychologists make reasonable efforts to understand the effects of behavior on the natural environment
332 on those with whom they work.
- 333

334 **Respect for Persons and Peoples**

335
336
337 Persons refers to individual human beings and Peoples refers to groups or communities of people who
338 have a shared ethnic or cultural identity. Psychologists recognize and respect individual differences and
339 roles, complex social identities, and the diversity of cultures as essential to the effectiveness of their work.
340 Respect for Persons and Peoples includes the recognition that Persons and Peoples are autonomous (i.e.,
341 able to make decisions of their own volition). When autonomy is diminished, Persons and Peoples are
342

343 entitled to protection. Psychologists recognize that values of those with whom they work may be universal
344 or culturally specific.
345

- 346 • Psychologists understand and consider how people are influenced by multiple and intersecting factors
347 including, but not limited to, age, gender, gender identity/diversity, race, color, ethnicity, culture,
348 national origin, immigration status, language, religion, sexual orientation, disability, socioeconomic
349 status, and military or veteran status.
350
- 351 • Psychologists recognize there are ideologies, concepts, values, languages, and practices that are shared
352 within communities. They respect differences among Peoples and the broader society. When conflicts
353 occur, within or among contexts, psychologists acknowledge and foster respectful understanding of
354 differences without diminishing the autonomy of decision making.
355
- 356 • Psychologists recognize that additional safeguards may be necessary to protect the welfare of vulnerable
357 Persons and Peoples with whom they work.
358

359 **Scientific Mindedness** 360

361 Scientific Mindedness is the commitment to generate, understand, and apply empirical evidence derived
362 from high-quality and diverse methods of inquiry. These methods serve to anchor psychologists' efforts to
363 promote the health and well-being of all Persons and Peoples, groups, organizations, and communities,
364 equitably across the various cultural contexts, environments, and settings impacted by the discipline of
365 psychology.
366

- 367 • Psychologists are committed to integrating scientific thinking and approaches in the application of their
368 work, and seek out and incorporate current knowledge, available evidence, and research pertaining to
369 their work. They also guard against the misuse of science.
370
- 371 • Psychologists recognize the need to critically evaluate the credibility, efficacy, relevance, and
372 generalizability of the evidence upon which their work is based.
373
- 374 • Psychologists engage with individuals, groups, organizations, and communities in pursuit of contextually
375 meaningful and socially relevant methods of inquiry, question formulations, and understanding of
376 findings.
377
- 378 • Psychologists commit to transparency and the elimination of bias and unfair discrimination in the
379 generation and application of science.
380
- 381 • Psychologists recognize the tentative nature of hypotheses and the developing nature of our knowledge.
382

Relationship Between Principles and Standards

This Code was developed to increase robust ethical thinking. The Principles are foundational to the Standards and reviewing only one Standard within a particular context and situation may be insufficient. Psychologists should consider multiple Principles and Standards when engaging in ethical decision-making, although only the Standards provide a basis for enforcement under APA's Ethics Code. Some applicable Standards may be found in different sections of the Code and therefore psychologists need to have a comprehensive understanding of both the structure and content of the entire Code. The Principles and Standards should be considered within and across relevant contexts and cultures. Many of the Ethical Standards are written broadly to apply to psychologists serving in varied roles and settings.

In order to identify the connection between Principles and Standards, the following paragraphs provide suggestions to integrate specific Principles with Standards in order to consider ethical issues in a more robust manner. Rather than narrowly reviewing only specific Standards that may apply to particular circumstances, psychologists consider both the Principles and Standards in tandem.

In these paragraphs, the most relevant Principles are highlighted, however, all the Principles relate to each of the Standards. Psychologists should consider these additional Principles as they apply in particular contexts. The ten ethical Standards sections found in the Code are listed below, followed by a paragraph representing connections between Principles and Standards.

Section 1: Competence

Competence is the integration of knowledge, skills, and attitudes in performing the tasks and roles of the psychologist in measurably effective ways. Psychologists are ethically obligated to establish and maintain competence in their work. Although all the ethical Principles identified for the profession of psychology ground the ethical obligation for competence, of note are the following Principles and their relationship to competence inasmuch as psychologists have the ethical obligations to maximize benefit and minimize/avoid harms in keeping with Beneficence and Nonmaleficence; adhere to high quality scientific inquiry within Scientific Mindedness; act consistently in accord with and uphold the professional ideal of Integrity and Trustworthiness; recognize and respond to the inherent worth of individuals, groups, and communities through respect for Human and Civil Rights; and integrate knowledge about the diversity of human experiences and their respective inter-relationships as it pertains to their professional activities in Respect for Persons and People. Psychologists do not claim competence in areas outside the limits of their scope. By effectively fulfilling their professional tasks and roles, psychologists promote and protect the well-being of the profession and of those with whom psychologists interact.

Section 2: Professional Responsibility

Professional Responsibility is the identification of the behavioral expectations associated with psychologists' roles and activities. As professionals, psychologists are given considerable latitude to act independently and, in turn, are expected to behave appropriately in their work. Psychologists exercise sound judgment in their decision making, considering ethical Standards and Principles, current knowledge, cultural issues, relevant laws, regulations, and guidelines. They consult other professionals for guidance as needed. They recognize their own limitations and errors and take relevant corrective actions. Psychologists are aware of their self-care needs. They are expected to be honest, reliable, ethical, and competent through Integrity and Trustworthiness. Additionally, psychologists recognize their obligations to maximize good and to avoid or minimize harm in keeping with Beneficence and Nonmaleficence. They consider both the intended outcomes and the possible unintended consequences of their work. They take care to consider their

430 obligations to the parties involved in, or affected by, their work, recognizing the potential impact of power
431 differentials. They understand and integrate cultural factors by which they are influenced, and that
432 influence those with whom they work as demonstrated through Respect for Persons and Peoples.
433

434 **Section 3: Relationship with the Public**

435 The psychology profession's reputation is based on society's trust, and its relationship with the public forms
436 the foundation of that trust as demonstrated through Integrity and Trustworthiness. This relationship
437 includes Respect for Persons and Peoples found within interconnected systems and Recognition of Social
438 Systems and the Natural Environment. Psychologists work toward the good of society as they strive to
439 exercise Beneficence, minimize harms through Nonmaleficence, and maintain Scientific Mindedness
440 through their psychological services. They uphold professional standards of conduct that are transparent,
441 make accurate statements, and correct any public misrepresentations.
442

443 **Section 4: Informed Consent**

444 Informed consent is a continuous process by which psychologists communicate the purpose, nature,
445 benefits, and risks of psychological activities and obtain agreement to participate in a professional
446 relationship. Psychologists demonstrate and foster Integrity and Trustworthiness through ongoing
447 communication that provides current and accurate information about the nature of the relationships and
448 services psychologists provide. Providing clear and thorough information conveys the concepts reflected in
449 Respect for Persons and Peoples, and allows individuals, organizations, and communities to make
450 autonomous decisions. The process of informed consent promotes and protects the well-being of others
451 with whom they work and guards against potential harm, reflected in Nonmaleficence.
452

453 **Section 5: Confidentiality and Privacy**

454 Confidentiality is the protection of agreed upon identifiable information from unauthorized persons. In
455 contrast, privacy is the right of persons and peoples to control the sharing of themselves and their
456 information. Privilege is the legal right of a client/patient or third-party client to prevent a psychologist from
457 disclosing confidential information without permission in a legal proceeding and is not an ethical concept.
458 Confidentiality is a cornerstone of the discipline and profession of psychology in that the effectiveness of
459 services is dependent on the trust clients/patients/recipients or third-party clients have in our discretion. It
460 promotes the Principles of Respect for Persons and Peoples, Justice and Social Justice, Integrity and
461 Trustworthiness. Confidentiality is an ongoing process wherein psychologists safeguard the disclosures of
462 individuals, groups, organizations, and communities, promoting the equitable pursuit of self-determination,
463 health, and welfare.
464

465 **Section 6: Technology**

466 Technology involves the application of psychological activity via mobile devices, applications, wearables,
467 video conferencing, email, text, internet, social media, artificial intelligence), data gathering and analysis,
468 and use of machine-based tools. Psychologists utilize technology across a range of domains such as clinical,
469 assessment, consulting, research, forensic, education, and other areas of psychological activity. All ethical
470 Principles are important to the use of technology. The application of technology as an integral part of all
471 psychological activity has potential for both benefit and harm. As such, through the Principle of Human and
472 Civil Rights, psychologists using technology make every effort to ensure that the human and civil rights of
473 individuals, groups, and communities are protected. Moreover, psychologists, as recognized in the
474 Principles Justice and Social Justice, Respect for Persons and Peoples and Integrity and Trustworthiness,
475 endeavor to ensure that diverse persons and peoples have equitable access to psychological services and
476 resources available via technology; technological resources are culturally sensitive so as to respect the
477 welfare of Persons and Peoples: and electronic services are delivered with accuracy, honesty, and fairness.

478 **Section 7: Research, Publication, and Scientific Integrity**

479 Scientific integrity is psychologists' maintenance of professionalism, responsibility, and competence in
480 conducting and disseminating their research. Psychological research is the creation of new knowledge that
481 may be generalizable, contributes to the well-being of individuals, groups, organizations, communities, and
482 systems, and is disseminated through professional publication and other outlets. Psychological research is
483 built on the foundation of Beneficence, Justice and Social Justice, and Respect for Persons and Peoples. The
484 Principle of Beneficence prioritizes the maximization of benefit and minimization of risk for research
485 participants. Selection of participants is guided by the Principle of Justice and Social Justice reflecting the
486 importance of fair and equitable inclusion and exclusion of research participants. Respect for Persons and
487 Peoples is demonstrated through affirmation of autonomy and the right to independent decision making as
488 well as a full explanation of the impact of agreement to participate through informed consent.
489 Psychologists also engage with integrity those with whom they conduct or publish research, and engender
490 trust through honesty, fairness, equitable treatment, and respect for autonomy as reflected in Integrity and
491 Trustworthiness, and Justice and Social Justice.

492
493 **Section 8: Education, Training, and Supervision**

494 Ethical practice related to education, training, and supervision at all levels is fundamental to creating an
495 educated citizenry, as well as preparing individuals entering the psychology workforce. Education, training,
496 and supervision need to include elements of equity, diversity, and inclusion in both content and educational
497 practice, fundamental elements of Justice and Social Justice, Human and Civil Rights, Respect for Persons
498 and Peoples, and Recognition of Social Systems and the Natural Environment. Psychologists focus on
499 teaching critical thinking, the scientific method, and psychological science in keeping with Scientific
500 Mindedness. Finally, psychologists engaged in education, training, and supervision act with Integrity and
501 Trustworthiness and avoid conflicts of interest; engender respectful relationships and nurture trust with
502 their students, their institutions, and the community; recognize their responsibilities to their students and
503 the profession; and maintain levels of professionalism in all their teaching, training, supervision, research,
504 and engagement with the community.

505
506 **Section 9: Psychological Services**

507 Psychological services are the means by which psychologists engage with individuals, groups, organizations,
508 communities, and systems to improve or optimize goals and outcomes. The Standards in this section apply
509 to all services provided by psychologists to clients/patients/recipients. When providing psychological
510 services to clients/patients/recipients, psychologists maintain trust through Integrity and Trustworthiness,
511 and foster conditions of mutual trust and cultural humility through Justice and Social Justice. Through
512 Respect for Persons and Peoples, psychologists respect diversity and promote health and well-being
513 through the application of current knowledge, evidence, and research to psychological services. They
514 understand the systems in which people work and live as reflected in Recognition of Social Systems and the
515 Natural Environment.

516
517 **Section 10: Testing, Assessment, and Evaluation**

518 Testing, Assessment, and Evaluation (TAE) involves the use of systematic, comprehensive, and
519 multidimensional processes to gather credible information and data for TAE and research purposes.
520 Instruments, measurement techniques, and approaches are utilized to facilitate inquiry and understanding
521 about psychological constructs, behavior and functioning, and performance. Although such work dovetails
522 with each of the ethical Principles established within this Code, work conducted within the domain of TAE
523 gives saliency to the Principles of Integrity and Trustworthiness, Scientific Mindedness, Human and Civil
524 Rights, Respect for Persons and Peoples, and Nonmaleficence. Thus, a commitment to professional work
525 that is grounded in scientific knowledge is competently performed with fairness, impartiality, and with

526 regard for the preservation of individual and human rights. Further, the commitment to accuracy and the
527 avoidance or minimization of potential harm is advanced by the integration of psychological knowledge and
528 information. This integration includes the role and influence of the sociocultural identities, historical
529 contexts, and experiences in which individuals, groups, organizations, communities, and systems are
530 positioned.
531

532 Standards

533
534 The Standards in each section are enforceable obligations that are ethical commitments for individual
535 psychologists.
536

537 Competence

538 **1.01 Scope of Competence**

539 **(a)** Psychologists only work within their scope of competence and know the limits of their competence as
540 defined by their education, training, supervised experience, consultation, study, and professional
541 experience.
542

543
544 **(b)** Since foundational competencies are central to the work of the field, psychologists establish and
545 maintain competence through the acquisition of knowledge and skills and by meeting qualifications in
546 foundational and, when applicable, specialized areas.
547

548 **(c)** Psychologists demonstrate competence through assessment of their work and measurement of
549 outcomes and effectiveness.
550

551 **(d)** Given that individual and cultural diversity is an area of foundational competency, psychologists attain
552 relevant knowledge and skill in the utilization of evidence on the importance and influence of multicultural
553 diversity, individual differences, and cross-cultural methods and practices before engaging in professional
554 work.
555

556 **(e)** Psychologists identify the multiple factors that inform ethical decision-making, make applicable
557 decisions, and then evaluate the final decision for effectiveness. These factors include, but are not limited
558 to, applicable norms, personal biases, and consideration of those whom the decision will affect.
559

560 **(f)** Psychologists interact productively and collaborate constructively with professionals in other
561 disciplines, when indicated and make reasonable efforts to become knowledgeable about other
562 professional norms, specialized areas of expertise, and expectations that are relevant for their practice.
563

564 **(g)** Psychologists who lack necessary competencies make appropriate referrals, obtain the necessary
565 education, training, or supervision to work competently, and/or seek consultation. Psychologists with
566 closely related training or experience may provide services that would otherwise be unavailable, but they
567 should make reasonable efforts to obtain the competence required (i.e., obtaining relevant research,
568 training, consultation, or study).
569

570 **(h)** To promote access and continuity of mental health services and to ensure services are not denied in
571 emergency circumstances, psychologists may provide such services, even if they have not received the

necessary training. The services are discontinued when the emergency has ended or appropriate services become available.

1.02 Professional Development

(a) Psychologists engage in the requisite level of professional development, such as continuing education, consultation, supervision, and training, to maintain and expand their competence in accordance with their professional demands.

(b) Psychologists maintain competence over the duration of their professional career in that the standards and benchmarks for competence may change.

(c) Psychologists planning to provide services, teach, or conduct research that involves the accurate use of electronic forms of assessment or testing that are new to them, undertake relevant education, training, supervised experience, consultation, or study.

(d) In emerging areas for which recognized standards for training do not yet exist, psychologists nevertheless make reasonable efforts to (1) to protect clients/patients/recipients, students, supervisees, research participants, and others from harm; and (2) ensure the competence of their work.

1.03 Evidence-Based Work and Scientific Knowledge and Method

(a) Psychologists integrate applicable evidence-based strategies (including research, expertise, and contextual cultural factors) in the development, maintenance, and performance of their professional activities. Where the evidence does not exist or its generalizability is not clear, psychologists use related evidence to support their actions and recommendation.

(b) When applying evidence-based strategies, psychologists examine the available evidence and its generalizability to the context and population to which it will be applied. Where the evidence does not exist or its generalizability is not clear, psychologists use existing evidence to support their actions and recommendations.

1.04 Delegation of Work to Others

Psychologists who delegate work to others (e.g., employees, supervisees, students, research teams) or use the services of others (e.g., interpreters) take reasonable steps to (1) avoid delegating such work to individuals who have a multiple relationship with those being served that may lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such individuals may reasonably be expected to perform competently based on their education, training, or experience, either independently or with the level of supervision being provided; and (3) actively supervise, monitor, and review these services as appropriate to ensure they are performed competently. (Consult also Standards 2.03, Multiple Relationships, Roles and Parties; 5.01, Maintaining Confidentiality.)

1.05 Self-Assessment of Professional Competence

(a) Psychologists engage in ongoing self-reflection and assessment activities by including feedback through activities such as, on ongoing peer consultation, professional activity engagement, and other opportunities to receive feedback regarding the maintenance of their professional competence.

(b) When psychologists experience personal or professional challenges that could reasonably be determined to influence their ethical decision-making or affect their professional behavior, including issues such as substance abuse, illness, or emotional distress, they take measures, such as consulting with colleagues or

620 seeking other relevant resources in determining a course of action. They then take prompt action, including
621 limiting, suspending, or terminating work-related duties, as necessary. (Consult also Standard 5.04,
622 Consultations.)

623 Professional Responsibility

624 **2.01 Maximizing Benefits and Avoiding/Minimizing Harm**

625 **(a)** Psychologists make reasonable efforts to maximize benefits and avoid or minimize harm, adverse
626 outcomes, or negative unintended outcomes, where they are foreseeable, and unavoidable to
627 clients/patients/recipients, students, supervisees, research participants, organizational or individual
628 recipients of their services, and others with whom they work.

629 **(b)** While psychologists understand that their decisions may result in negative outcomes for some of those
630 with whom they work, those decisions do not constitute harm, and should be based on sound judgment.

631 **(c)** Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by
632 which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any
633 other cruel, inhuman, or degrading behavior that violates 2.01 (a).

634 **2.02 Conflicts of Interest**

635 **(a)** Psychologists refrain from taking on a personal, scientific, professional, legal, or financial role when
636 another existing role, interest, or relationship could reasonably be expected to (1) impair their objectivity or
637 competence in performing their functions as psychologists; or (2) expose individuals, groups, organizations
638 or communities with whom the professional relationship exists to harm or exploitation, including undue
639 personal gain.

640 **(b)** When appropriate, psychologists disclose financial or other types of support that present competing
641 professional interests (e.g., salary, consultation fees, sponsorships, academic and corporate incentives,
642 existing funding or pending grant application, gifts, trips, and other circumstances).

643 **(c)** If unanticipated conflicting roles emerge over time, psychologists take reasonable measures to explain to
644 the parties the nature of the conflict, the potential for bias, and, as necessary, psychologists clarify, modify,
645 or withdraw from their roles.

646 **2.03 Multiple Relationships, Roles, and Parties**

647 **(a)** *Multiple relationships* occur when a psychologist is in a professional relationship with one person and at
648 the same time is in a potentially conflicting relationship either with the same individual or other people or
649 entities related to or associated with them, or when a future relationship is promised. *Multiple roles* involve
650 duties and responsibilities that entail different, and sometimes conflicting, activities, responsibilities, or
651 obligations to the same person or to multiple persons or entities. *Multiple parties* exist when psychologists
652 have simultaneous professional or relationships with two or more parties. Psychologists understand that
653 there may be a greater likelihood of multiple roles, parties, and relationships in some contexts, such as
654 when working with families, groups, organizations, and communities, and take care to ethically negotiate
655 these relationships.

656 Psychologists' refrain from multiple relationships, multiple roles, and multiple parties if such relationships,
657 roles, or parties could reasonably be expected to (1) impair the psychologist's objectivity, competence or
658 effectiveness in performing their functions as a psychologist; or (2) otherwise risk exploitation or harm to

668 the individual or entity with whom the professional relationship exists. Multiple relationships that would not
669 reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

670
671 **(b)** If a psychologist finds that, due to unforeseen factors, potentially harmful multiple roles or relationships
672 have arisen, the psychologist attempt to resolve any issues by considering the best interests of the affected
673 persons.

674
675 **(c)** If required by law, institutional policy, or extraordinary circumstances to serve in more than one role in
676 judicial or administrative proceedings, psychologists clarify role expectations and the extent of
677 confidentiality, and thereafter, as needed. (Consult also Standard 4.01, Elements of Informed Consent.)
678

679 **2.04 Exploitative Relationships**

680 Psychologists do not exploit those with whom they work, including those over whom they have supervisory,
681 evaluative, or other authority, such as recipients of services, students, supervisees, research participants,
682 community members, or employees.

684 **2.05 Discrimination**

685 In their work-related activities, psychologists do not engage in discriminatory, biased, or prejudiced
686 treatment of persons based on, but not limited to, age, gender, gender identity/diversity, race, color,
687 ethnicity, culture, national origin, immigration status, language, religion, sexual orientation, disability,
688 military or veteran status, or socioeconomic status.

690 **2.06 Sexual and Other Harassment**

691 **(a)** Psychologists do not engage in sexual harassment in their professional conduct or activities. Sexual
692 harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature
693 and that either (1) the psychologist knows or is told is unwelcome, is offensive, or creates a hostile
694 workplace or educational environment; or (2) is sufficiently severe or intense to be unwelcome, offensive,
695 or sufficient to create a hostile workplace or education environment to a reasonable person. Sexual
696 harassment may consist of a single intense or severe act or multiple persistent or pervasive acts.

697
698 **(b)** Psychologists do not knowingly engage in behavior that creates an intimidating, hostile, or offensive
699 environment for persons with whom they interact in their work, or in behavior that is demeaning conduct
700 that is based on, but not limited to, age, gender, gender identity/diversity, race, color, ethnicity, culture,
701 national origin, immigration status, language, religion, sexual orientation, disability, military or veteran
702 status, or socioeconomic status.

704 **2.07 Cooperation with Other Professionals**

705 When indicated and professionally applicable, psychologists cooperate with psychologists and other
706 professionals to serve effectively research participants, students, and clients/patients/recipients.

708 **2.08 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**

709 If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority,
710 psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code to the
711 relevant parties, and make reasonable efforts to resolve the conflict consistent with the Code. Under no
712 circumstances may this standard be used to justify or defend violating human rights.
713
714

715 **2.09 Conflicts Between Ethics and Institutional or Organizational Demands**

716 If the demands of an institution or organization with which a psychologist works or is otherwise affiliated
717 are in conflict with this Ethics Code, psychologists clarify the nature of the conflict with the relevant parties,
718 make known their commitment to the Ethics Code to the relevant parties, and attempt to resolve the
719 conflict consistent with the Code. Under no circumstances may this standard be used to justify or defend
720 violating human rights.

721
722 **2.10 Cooperating with Ethics Committees**

723 Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA, any
724 affiliated state psychological association to which they belong, or the state licensing board(s) in which they
725 are licensed. In doing so, they address any potentially relevant confidentiality issues. Failure to cooperate is
726 itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint
727 pending the outcome of litigation does not alone constitute non-cooperation. (Consult also Standards 5.02,
728 Permitted Disclosures of Confidential Information; 5.03, Minimizing Intrusions on Privacy.)

729
730 **2.11 Informal and Formal Resolution of Ethical Violations**

731 **(a)** When psychologists believe that there may have been an ethical violation by another psychologist, they
732 attempt to resolve the issue by bringing it to the psychologist's attention if (1) an informal resolution
733 appears appropriate; and (2) the intervention does not violate any confidentiality rights that may be
734 involved. (Consult also Standard 5.02, Permitted Disclosures of Confidential Information.)

735
736 **(b)** If an apparent ethical violation has substantially harmed or is likely to substantially harm an individual or
737 organization and is not appropriate for informal resolution under 2.11 (a), or is not resolved properly in that
738 fashion, psychologists take further action relevant to the situation to resolve formally the matter. Such
739 action might include referral to state or national committees on professional ethics, state licensing boards,
740 or appropriate institutional authorities. This standard does not apply when an intervention would violate
741 confidentiality rights or when psychologists have been retained to review the work of another psychologist
742 whose professional conduct is in question.

743
744 **2.12 Improper Complaints**

745 Psychologists do not file or encourage the filing of ethics complaints without the good-faith belief the
746 evidence that would substantiate the complaint.

747
748 **2.13 Discrimination Against Complainants and Respondents**

749 Psychologists do not deny individuals' employment, advancement, tenure, promotion, or admissions to
750 academic or other programs based solely upon their having made, or being the subject of, an ethics
751 complaint. This does not preclude taking action based upon the outcome of an ethics proceeding.

752
753 **Relationship with the Public**

754
755 **3.01 Avoidance of False or Deceptive Statements**

756 **(a)** Psychologists do not make knowingly false, deceptive, fraudulent, or reckless public statements about their
757 work. They make reasonable efforts to correct inaccurate statements to the extent they are within the
758 psychologist's control about their work activities, as well as the activities of those with whom they are affiliated
759 (e.g., persons, organizations). Such work activities include information regarding workshops, seminars, or other
760 programs describing the intended audience, the educational objectives, the presenters, and the fees involved.
761
762

763 (b) Psychologists make accurate statements regarding their (1) training, experience, or competence; (2) academic
764 degrees, credentials, certifications; (3) institutional and association affiliations; (4) services; (5) scientific or clinical
765 basis for their services; (6) fees; and (7) publications and research findings.

767 (c) When using or disseminating the work of others, psychologists accurately represent the authorship and
768 properly utilize the substance of the work of others.

770 3.02 Statements by Others

771 Psychologists retain professional responsibility for statements made by those with whom they engage regarding
772 their professional activities or products and make reasonable efforts to correct inaccurate statements of which
773 they become aware. When psychologists' professional activities are publicized for a fee or when psychologists' pay
774 for narratives published under their name, the paid status is noted.

776 3.03 Public Presentations

777 (a) Psychologists make reasonable efforts to ensure that their professional public comments are consistent with
778 (1) culturally relevant psychological literature and practice; (2) their professional knowledge, training or
779 experience, and (3) the Ethics Code. They clarify if a multiple professional role has been established with any
780 member(s) of the audience.

782 (b) Psychologists describe their psychological expertise accurately to the media and in other public settings. If a
783 psychologist is functioning in a role other than as a psychologist, they identify that role.

785 (c) When generative artificial intelligence is used in any professional work, including workshops, seminars and
786 other programs they present, its use must be accurately and adequately disclosed to the extent generative
787 artificial intelligence contributed substantively to the work or affected the psychologist's exercise of professional
788 skills or judgment. (Consult also Standard 7.14 (d), Publication Credit.)

790 3.04 Testimonials

791 Psychologists do not solicit or accept testimonials from current clients/patients/recipients or anyone with whom
792 they foreseeably could have undue influence.

794 3.05 Professional Solicitation

795 (a) Psychologists do not knowingly engage, directly or through agents, in uninvited solicitation of business of
796 current or potential clients/patients/recipients and other individuals who because of their particular
797 circumstances are vulnerable to undue influence, including in institutional settings where they exert influence or
798 in circumstances where a power imbalance favoring the psychologist exists. However, this prohibition does not
799 preclude (1) attempting to implement relevant collateral contacts for the purpose of benefiting an already
800 engaged therapy client/patient/recipient; or (2) providing disaster or community outreach services.

802 (b) When soliciting research participants, contracts, and other professional relationships, psychologists ensure that
803 the information contained in the solicitation is accurate and sufficiently understandable for the public and
804 organizations to make an informed appraisal before entering into an agreement.

806 3.06 Public Statements Regarding Public Figures

807 When making public statements regarding public figures, psychologists state clearly whether the statements are
808 based on professional knowledge or personal opinions, theories, or hypotheses.

810 **3.07 Accountability to the Public**

811 **(a)** Psychologists assess and take reasonable steps to minimize any negative impact of their decisions and
812 interventions on the relevant communities involved.

813
814 **(b)** Psychologists make good faith efforts to keep commitments to individuals, groups, organizations, and
815 communities about the work and its findings.

816
817 **(c)** When knowledge is obtained from communities, psychologists make reasonable efforts, to provide the
818 appropriate representatives with relevant reports, publications, or other documents sufficient to convey the
819 knowledge in a reasonably timely manner.

820
821
822 **Informed Consent**

823
824 **4.01 Elements of Informed Consent**

825 **(a)** When psychologists conduct research or provide assessment, psychotherapy, or consulting services in
826 person or via electronic transmission or other forms of communication, they obtain the informed consent
827 of the individual groups, organizations, or communities, using language that is reasonably understandable,
828 and provide sufficient opportunity for them to ask questions and receive responses.

829
830 **(b)** Before providing services or activities to individuals, interrelated persons (e.g., spouses, significant
831 others, parents and children, employees and supervisees), or to entities (groups, organizations, or
832 communities), whether directly or through third-parties, psychologists provide information relevant for
833 securing, voluntary informed consent from, clients/patients/third-party clients. Such relevant information
834 includes, but is not limited to, (1) the nature and objectives of the services; (2) the intended recipients; (3)
835 which of the individuals are client or the third-party client; (4) the relationship the psychologist will have
836 with each person; (5) the probable uses of services provided and information obtained; (6) who will have
837 access to the information; (7) the risks to privacy via electronic transmission; and (8) the limits of
838 confidentiality. As soon as feasible, they provide the results and conclusions of their work as agreed upon.
839 (Consult also Standard 5.01 (a) (c) (d), Maintaining Confidentiality.)

840
841 **(c)** If psychologists are precluded by law or by organizational roles from providing the information in 4.01 (b) to
842 those with whom they work, they inform them at the outset of the work.

843
844 **(d)** Because informed consent is a continuous and voluntary process, when new circumstances
845 affecting the original informed consent change, psychologists provide updated information and, if
846 relevant, obtain updated consent.

847
848 **(e)** When psychological work is court-ordered or otherwise mandated, before proceeding psychologists
849 inform the individual of the mandated status, the nature of the anticipated work, any limits of
850 confidentiality, and any restrictions on the individual's access to the results.

851
852 **(f)** When psychological services, including testing, assessment, and evaluation, is provided by a trainee and
853 the legal responsibility resides with the supervisor, clients/patients/recipients/third-party clients are informed
854 as part of the informed consent process that the provider is in training and is being supervised, and the
855 name and contact information of the supervisor are provided.

857 (g) Psychologists obtain consent from the client/patient/recipient/third-party client for the use of an
858 interpreter.

860 **4.02 Obligations to Those Legally Incapable of Giving Consent**

861 If clients/patients/recipients are legally incapable of providing informed consent, psychologists take the
862 following additional steps as relevant to ensure informed assent is understood and agreed upon by (1)
863 providing an explanation of the professional services; (2) taking necessary measures to receive the
864 individual's assent; (3) accommodating, to the extent feasible, the person's preferences and/or best
865 interests; and (4) obtaining informed consent from a legally authorized representative, as necessary. When
866 consent by a legally authorized representative is not permitted or required by law, psychologists take
867 reasonable steps to protect the individual's rights and welfare.

869 **4.03 Informed Consent for Recording**

870 Psychologists obtain consent before recording individuals in audio, photographic, written, and/or video
871 content.

873 **4.04 Informed Consent in Research**

874 (a) When obtaining informed consent psychologists take the following relevant measures to inform
875 research participants about (1) the purpose of the research, expected duration and procedures; (2) their
876 right to decline to participate and to withdraw from the research once participation has begun; (3) the
877 foreseeable consequences of declining or withdrawing; (4) the reasonably foreseeable factors that may be
878 expected to influence their willingness to participate, such as, but not limited to potential risks,
879 discomfort, or adverse effects; (5) any prospective research benefits; (6) the limits of confidentiality; (7)
880 incentives for participation; and (8) whom to contact for questions about the research and research
881 participants' rights. When conducting informed consent procedures, psychologists provide an opportunity
882 for the prospective research participants to ask questions and receive answers. In addition, psychologists
883 also follow the general informed consent requirements of Standards 4.01, 4.02, and 4.03, as applicable.
884 (Consult also Standards 7.02, Diversity Factors in Conducting Research; 7.03, Research Participants and
885 Collaborators; 7.11, Data Sharing for Verification and Secondary Use.)

887 (b) Psychologists conducting intervention research involving the use of experimental treatments make
888 reasonable efforts to clarify to research participants before the initiation of the research about (1) the
889 experimental nature of the treatment; (2) the services that will or will not be available to the control
890 group(s); (3) the means by which assignment to treatment and control groups will be made; (4) available
891 treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw
892 once a study has begun; and (5) compensation for or monetary costs of participating including, if
893 appropriate, whether the intervention will involve billing of participants or reimbursement from
894 participants or third-party payors.

896 (c) When engaged in human clinical research, psychologists make reasonable efforts to ensure that the
897 potential participants understand the difference between research trials (e.g., experimental) and
898 established treatment regimens (e.g., implemented based on demonstrated effectiveness).

900 (d) Supervising psychologists make reasonable efforts to ensure that procedures for obtaining informed
901 consent from prospective research participants or their custodians and to obtain assent from
902 participants who are minors are followed. (Consult also Standards 4.02, Obligations to Those Legally
903 Incapable of Giving Consent; 4.04(d) Informed Consent in Research.)

905 (e) Psychologists may dispense with informed consent only when confidentiality is protected and the
906 research would not reasonably be assumed to create distress or harm, risk criminal or civil liability, or
907 potential damage the financial standing, employability or reputation of the participant and only in the
908 following situations: (1) the study of normal educational practices, curricula, or classroom management
909 methods conducted in educational settings; (2) anonymous questionnaires, naturalistic observations, or
910 archival research; (3) the study of factors related to job or organization effectiveness conducted in
911 organizational settings; or (4) where otherwise permitted by law or federal or institutional regulations.
912

913 (f) When their clients/patients/recipients are participants in research endeavors, psychologists provide
914 informed consent and fully disclose the research conditions to the clients/patients/recipients. They
915 reasonably ensure that clients/patients/recipients are informed that participation or declining
916 participation does not impact services being rendered.
917

918 (g) When psychologists engage in research with groups, communities, systems, and other entities, in
919 addition to any relevant Institutional Research Board procedures, they seek permission from identified
920 leaders or organizational authorities to ensure that all participants receive informed consent, including
921 relevant disclosures of relevant aspects of the research endeavor. Psychologists having a secondary
922 research role (e.g., co-investigator, project manager, analyst) are not relieved of such responsibilities.
923

924 (h) Psychologists may dispense with informed consent to recording if (1) the research consists solely of naturalistic
925 observations in a public place and the recording will not be used in a manner that could lead to personal
926 identification or harm, or (2) the research design includes deception and consent for the recording is obtained
927 during the debrief. (Consult also Standard 6.05 (f), Social Media and Online Platforms.)
928

929 (i) As part of informed consent for research, psychologists inform participants of the risks and benefits
930 associated with the use of technological data gathering, transmission, and storage. In addition, when
931 appropriate, psychologists make reasonable efforts to mitigate the known or reasonably foreseeable risks
932 associated with electronic tools and their impact on related ethical issues (e.g., confidentiality, privacy,
933 informed consent) that arise from their use.
934

935 **4.05 Informed Consent in Testing, Assessment, and Evaluation (TAE)**

936 Psychologists make reasonable efforts to obtain informed consent in testing, assessment, and evaluation (TAE),
937 including but not limited to (1) the nature and purpose of the process; (2) possible benefits and unintended
938 consequences; (3) freedom to withdraw; (4) those expected to receive the results; (5) privacy and confidentiality
939 (especially when using electronic testing services); (6) fees; (7) involvement of third parties; and (8) the right of the
940 individual(s) to ask questions and receive answers. Consent can be waived if TAE is (1) implied based on routine
941 educational, institutional, or organizational activity; (2) mandated by law or governmental regulations; or (3)
942 conducted to evaluate decisional capacity. In addition, psychologists also follow the general informed consent
943 requirements of Standards 4.01, 4.02, and 4.03, as applicable. (Consult also Standards 10.01, Bases for TAE
944 Selection and Administration; 10.03, Departures from Standardization.)
945

946 **4.06 Informed Consent for Psychological Services**

947 (a) When obtaining informed consent for psychological services, psychologists inform
948 clients/patients/third-party clients as early as is feasible in the therapeutic relationship about the nature
949 and anticipated course of services, fees, involvement of third-parties, limits of confidentiality, and any
950 disclosures required by law. Psychologists also provide sufficient opportunity for the individuals to ask
951 questions and receive answers. In addition, psychologists also follow the general informed consent

952 requirements of Standards 4.01, 4.02, and 4.03, as applicable. (Consult also Standard 9.08, Referrals and
953 Fees.)

954
955 **(b)** When obtaining informed consent for services for which generally recognized techniques and
956 procedures have not been established, psychologists inform their clients/patients/third-party
957 clients of the developing nature of the services, the reasonably anticipated risks involved, and the
958 voluntary nature of their participation.
959

960 Confidentiality and Privacy

961 **5.01 Maintaining Confidentiality**

962
963 **(a)** Unless it is not feasible or is contraindicated, psychologists discuss confidentiality and its limits at the outset of
964 the relationship and thereafter, as required or applicable given new or changing circumstances. (Consult also
965 Standards 2.03, Multiple Relationships, Roles, and Parties, 4.01, Elements of Informed Consent; 4.03, Informed
966 Consent for Recording; 4.04, Informed Consent in Research; 4.06, informed Consent for Psychological Services.)
967

968
969 **(b)** Psychologists have a primary obligation and take reasonable precautions to protect confidential information
970 obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be
971 regulated by law or established by institutional rules or professional or scientific commitments. (Consult also
972 Standards 1.01, Scope of Competence; 6.01, Technological Competencies; 6.04, Security, Transmission, and
973 Disposal of Electronic Data; 6.05, Social Media and Online Platforms; 7.08, Data Collection, Use, and Management;
974 9.01, Bases for Psychological Services; 9.05, Documentation, Maintenance, Dissemination, and Disposal of
975 Records.)
976

977 **(c)** When providing psychological services to clients/patients/recipients who have a relationship with each other,
978 psychologists make reasonable efforts to protect the confidentiality of all parties, and disclose any reasonably
979 foreseeable risks to confidentiality as appropriate. (Consult also Standards 2.03, Multiple Relationships, Roles, and
980 Parties; 9.02, Providing Treatment Services to Those Served by Others.)
981

982 **(d)** Psychologists inform their clients/patients/recipients/third-party clients of the relevant limits of confidentiality
983 including from interpretation services, technology used, storage of confidential information and data, reporting
984 mandated by law, and court orders for confidential information. (Consult also Standards 4.01, Elements of
985 Informed Consent; 4.04, Informed Consent in Research; 6.03, Confidentiality, Privacy, and the Use of Technology;
986 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)
987

988 **5.02 Permitted Disclosures of Confidential Information**

989 **(a)** Psychologists may disclose confidential information with the appropriate consent of person(s) legally
990 able to give such consent. Depending upon the circumstances, this may be the individual client/patient, or
991 the third-party client. (Consult also Standard 10.07, Release of Test Data.)
992

993 **(b)** Psychologists may disclose confidential information without the consent of the individual or their authorized
994 representative only as mandated by law, or as permitted by law for a valid purpose, such as (1) protecting the
995 client/patient/recipient, psychologist, student, or others from harm; (2) providing needed professional services; (3)
996 obtaining appropriate professional consultations; or (4) obtaining payment for services from a client/patient or
997 third-party client. (Consult also Standards 9.01, Bases for Psychological Services; 10.07, Release of Test Data.)
998

999 **5.03 Minimizing Intrusions on Privacy**

000 Psychologists include in reports and shared health records only the minimum scientific or professional
001 information specifically relevant for the purpose of that communication. (Consult also Standard 9.07,
002 Accuracy in Reports to Payors and Funding Sources.)
003

004 **5.04 Consultations**

005 When consulting with colleagues, psychologists offer the minimal amount of information reasonably
006 necessary to achieve the purpose of the consultation. They do not disclose information that could
007 reasonably lead to the identification of a person(s) or organization with whom they have a confidential
008 relationship unless prior consent has been obtained or the disclosure cannot be avoided to achieve the
009 purpose of the consultation.
010

011 **5.05 Professional Instructive Purposes**

012 When presenting confidential information obtained in their psychological work for professional educational
013 activities, psychologists (1) obtain consent in writing; or (2) make reasonable efforts to anonymize the
014 identifiable information.
015

016 **5.06 Confidentiality and Electronic Transmissions**

017 **(a)** Psychologists use appropriate safeguards when sharing confidential electronic records, reports, or
018 information and develop policies on who may access and use the data. (Consult also Standards 6.03,
019 Confidentiality, Privacy, and the Use of Technology; 7.11, Data Sharing for Verification and Secondary Use;
020 9.05, Documentation Maintenance, Dissemination, and Disposal of Records.)
021

022 **(b)** Psychologists who recommend the use of digital therapeutics and other electronic software and devices
023 provide reasonably known information concerning the limits to confidentiality, including possible access by third
024 parties.
025

026 **(c)** Psychologists transmitting Protected Health Information (PHI), attain reasonable familiarity with the Health
027 Insurance Portability and Accountability Act (HIPAA) Privacy regulations, and reasonably ensure those to whom they
028 are providing services know their rights under HIPAA. (Consult also Standard 1.01, Scope of Competence.)
029

030 **5.07 Integrated and Interdisciplinary Settings with Prior Consent**

031 When working with other professionals in an integrated or interdisciplinary setting, psychologists may
032 share, with relevant prior consent, confidential information relevant to the client/patient/recipient care
033 with those colleagues. Psychologists limit the level of detail to that which is necessary to support the care
034 of the client/patient/recipient. (Consult also Standard 1.01, Scope of Competence.)
035

036 **5.08 Maintenance, Dissemination, and Disposal of Confidential Records**

037 **(a)** Psychologists maintain confidentiality when creating, storing, accessing, transferring, and disposing
038 of confidential records under their control, whether these are written, automated, or in any other
039 medium. (Consult also Standards 7.08, Data Collection, Use, and Management; 7.10, Digital Health
040 Research; 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)
041

042 **(b)** Psychologists use coding or other data protection and security techniques as appropriate to maintain
043 confidentiality when data are accessible to third parties. (Consult also Standards 6.03, Confidentiality, Privacy, and
044 the Use of Technology; 6.04, Security, Transmission, and Disposal of Electronic Data; 7.10, Digital Health Research;
045 7.11, Data Sharing for Verification and Secondary Use; 9.05, Documentation, Maintenance, Dissemination, and
046 Disposal of Records.)

047 (c) Psychologists take precautions to protect the confidentiality of records and data when transferring,
048 terminating, or otherwise disengaging from providing psychological services. (Consult also Standard 8.05,
049 Documentation, Maintenance, Dissemination, and Disposal of Records).
050
051

052 Technology

053 **6.01 Technological Competencies**

054 (a) Psychologists only use technologies within their scope of competence and reasonably ensure that
055 those with whom they have professional responsibility have sufficient technological skills, as applicable.
056 (Consult also Standard 1.04, Delegation of Work to Others.)
057

058 (b) Psychologists inform themselves about the limitations, risks, and benefits associated with the use of
059 technologies in their work and communicate this information to relevant parties. (Consult also Standard
060 4.04 (g), Informed Consent for Recording.)
061

062 (c) Psychologists do not permit their use of technology to override their professional judgment or
063 compromise their compliance with other Standards in this Code, especially in matters including, but not
064 limited to, informed consent and confidentiality. (Consult also Standards 4.01 (a), Elements of Informed
065 Consent; 5.01 (a), Maintaining Confidentiality.)
066

067 (d) Before adopting or recommending any technology that collects personal data, psychologists
068 reasonably understand the ownership and the chain of custody of personal data created by using the
069 technology, especially when data are handled by third parties. (Consult also Standard 7.10 (a) (c), Digital
070 Health Research.)
071

072 (e) Due to rapidly changing technologies, psychologists engage in necessary ongoing training about the
073 technologies they use, such as online applications, data/cloud storage, software tools (e.g.,
074 recordkeeping), and biometric devices (e.g., applications, digital therapeutics). Psychologists make
075 sufficient efforts to educate themselves on any technology they adopt or recommend for selection by
076 others within an interdisciplinary setting. (Consult also Standards 1.02 (a) (b) (c), Professional
077 Development; 7.10 (a), Digital Health Research; 9.03 (b), Interdisciplinary Services.)
078

079 (f) Psychologists are competent in the technology they use to gather data (e.g., mobile applications,
080 cameras, social media, digital therapeutics, artificial intelligence). Psychologists make sufficient efforts to
081 ensure that electronic technologies they use are functioning properly and analyzing data accurately.
082 (Consult also Standard 1.02 (a), Professional Development.)
083

084 **6.02 Use of Technologies**

085 (a) Psychologists verify that the digital technologies they use in their work are recognized as appropriate by a
086 reputable source such as mobile application clearinghouse websites or federal or institutional policies or
087 guidelines.
088

089 (b) Psychologists determine whether technology is the best modality for provision of services including
090 consideration of diversity factors, accessibility, and usability of technology.
091

092 (c) When providing services remotely through technology, psychologists prepare for the potential
093 emergency care of remote clients/patients/recipients at their physical location and maintain emergency
094 plans for in-person care at those locations.

095 (d) Psychologists involved in the development or use of artificial intelligence make reasonable efforts to
096 establish or review validity evidence for the intended use(s) and identify its limitations.

097
098 (e) Psychologists inform clients/patients/recipients and others with whom they work when they use or
099 recommend the use of technologies utilizing real time recording of mobile health data (e.g., ecological
100 momentary assessment) including data that predicts future behavior and is transmitted to server-based
101 entities.

102
103 (f) When artificial intelligence is used in any professional work (e.g., interdisciplinary settings),
104 psychologists are responsible for the content, such as findings, recommendations, and evaluative
105 statements.

106
107 (g) Psychologists who generate or utilize materials created by artificial intelligence are responsible for
108 their scientific accuracy.

109 **6.03 Confidentiality, Privacy, and the Use of Technology**

110 (a) Psychologists to the degree feasible mitigate the unique risks to confidentiality and privacy created by
111 technology, including the risk of possible access by third parties. Psychologists use software such as
112 encryption, firewalls, and other software/hardware to protect confidentiality. (Consult also Standards 5.06
113 (a) (b), Confidentiality and Electronic Transmissions.)

114
115 (b) Psychologists notify clients/patients/recipients/third-party clients, students, research participants,
116 organizations, or communities with whom they work when a breach of confidential documents, materials,
117 and records has occurred.

118
119 (c) Psychologists confirm the identity of the clients/patients/recipients/third-party clients, students,
120 organizations, or communities with whom they are engaged when using technology.

121 **6.04 Security, Transmission, and Disposal of Electronic Data**

122 Psychologists take reasonable steps to protect confidential data and information and to ensure that those
123 with whom they work are informed of data security parameters, the extent of distribution, and the means
124 of data storage and disposal. Psychologists appropriately dispose of data and document the methods and
125 procedures used for the disposal of data. (Consult also Standards 5.08 (a), Maintenance, Transmission,
126 and Disposal of Confidential Records; 9.05 (b) Documentation, Maintenance, Dissemination, and Disposal
127 of Records.)

128 **6.05 Social Media and Online Platforms**

129 (a) Psychologists clearly distinguish between personal and professional communications when using social
130 media and do not make social media postings that would negatively impact their professional work.

131 (b) Psychologists are responsible for the professional social media content attributable to them as well as
132 their professional public comments (e.g., accuracy, currency, cultural appropriateness). (Consult also
133 Standard 3.03 (a), Public Presentations.)

134
135 (c) Psychologists develop and share their explicit media policies (e.g., conflicts of interest, informed
136 consent, limits of confidentiality, recording) with their clients/patients/recipients/third-party clients,
137 students, and others with whom they work.

143 **(d)** Psychologists do not misrepresent their biographical information (e.g., credentials, licensing status,
144 education, competencies) on websites or in social media, and correct misrepresentations about which
145 they become aware and where feasible in any online information. (Consult also Standard 3.03 (b), Public
146 Presentations.)

147
148 **(e)** Psychologists do not engage in social media communication with current
149 clients/patients/recipients/third-party clients. (Consult also Standard 2.03 (a), Multiple Relationships,
150 Roles, and Parties.)

151
152 **(f)** Psychologists do not engage in online searches for clients/patients/recipients without informing them,
153 unless specifically warranted (e.g., forensic settings in which the recipient of services is not the client).

154
155 **(g)** Psychologists clarify if they are representing employers, organizations, or other entities when making
156 social media statements and recommendations that are for purposes of transparency.

157
158 **(h)** Psychologists make reasonable efforts to identify, and refrain from using in the context of their
159 professional activities, platforms that employ algorithms that perpetuate biases or target groups for
160 biased and unfair manipulation. They make reasonable efforts to intervene when they become aware that
161 their work is being used by others for such purposes. (Consult also Standard 7.12 (b), Misconduct in
162 Reporting Research Results.)

163 164 165 **Research, Publication, and Scientific Integrity**

166 167 **7.01 Institutional Approval or Unregulated Research**

168 Psychologists obtain approval from the appropriate institution, granting agency, community-based review
169 boards, or other oversight entities, prior to conducting research. During the institutional approval process,
170 they represent all aspects of their intended research accurately, fairly, and with full disclosure. Further,
171 psychologists follow the approved research protocol and report any variance from their approved protocol.
172 Psychologists conducting research independent of an institution or funding agency comply with protocol
173 standards in their area of research, in accordance with comparable federal or Institutional Review Board
174 (IRB) approved studies.

175 176 **7.02 Diversity Factors in Conducting Research**

177 **(a)** Psychologists maintain relevant competence in understanding diversity factors when conducting
178 research that could (1) impact participants differentially based on group identity and vulnerability of
179 populations; (2) result in potential consequences of discriminatory treatment of participants by individuals
180 in positions of authority; or (3) result in harm or mistreatment to research participants. (Consult also
181 Standards 1.01 (a) (d), Scope of Competence.)

182
183 **(b)** Psychologists make decisions regarding research participant selection based upon representativeness
184 and criteria appropriate to the research questions to the extent feasible, rather than on ease of availability,
185 influence over the prospective participants, or the otherwise vulnerable position of the participants.

186
187 **(c)** Psychologists assess how their biases may influence their research questions, interpretations, and
188 relationships with participants and collaborators and disclose their biases to relevant parties, seek
189 consultation, and monitor potential effects on participants and the findings of the study as applicable.
190

191 (d) Psychologists describe clearly and accurately participant demographics and diversity factors to
192 represent inclusion and exclusion of identity groups in the research findings.

193
194 (e) Psychologists guard against the use of archival data collected from open public sources (e.g., social
195 media) that may contain identifiable or sensitive information that is biased, non-representative, or lacking
196 validity for their intended purpose. They refrain from using such archival data when the original creators of
197 the data have not consented to its use and would not reasonably have understood that their data could be
198 used for research which a reasonable person would consider sensitive. Psychologists do not use data that
199 has been collected unethically.

200 201 **7.03 Research Participants and Collaborators**

202 (a) Psychologists conduct research and engage in publication with an appropriate understanding of the
203 potential power differential impacting research participants, collaborators, and others. Psychologists
204 make reasonable efforts to address the adverse effects of power differentials when conducting
205 research. (Consult also Standard 8.08 (a), Responsibilities to Students Research Participants.)

206
207 (b) Psychologists (1) recognize and resolve or manage conflicts of interest between clinical welfare of the
208 clients/patients/recipients and research interests; and (2) are knowledgeable of their own biases and
209 potential differential treatment of clients/patients/recipients.

210 211 **7.04 International Research**

212 (a) Psychologists conducting research outside the United States take appropriate measures to understand
213 the relevant legal, socio-political, and regulatory systems in the applicable countries and the impact such
214 systems could place on their research methodology (e.g., constraints on confidentiality, reporting
215 requirements, and ownership of intellectual property and data), including addressing conflicting laws and
216 policies, if any, that pertain to their research.

217
218 (b) Psychologists conducting research outside the United States follow the IRB research policies of their
219 home institution and those of their host country or institution, as applicable, and make reasonable efforts
220 to identify and review relevant guidance documents pertaining to the conduct of their research in the
221 host country. Should the host country not have an IRB or research policies, psychologists adhere to their
222 own IRB to support the ethical practice of research in the host country.

223
224 (c) Psychologists (1) attain an appropriate degree of knowledge of the differences in interpretation and
225 practices of informed consent and confidentiality in the host country; (2) have a reasonable understanding
226 of the practices and expectations of the cultures and communities within which they conduct research; and
227 (3) conduct their research in accordance and respect to the preferences of the culture and communities in
228 the host country. (Consult also Standards 1.01 (d), Scope of Competence; 4.01(a), Elements of Informed
229 Consent.)

230 (d) Psychologists make reasonable efforts to be socially responsible to their host communities through
231 actions such as (1) collaborating with leaders of the community; (2) promoting inclusion; and (3) assessing
232 the impact of any privilege on the local community and making reasonable efforts to minimize such
233 effects. (Consult also Standard 4.04 (a), Informed Consent in Research.)

234 235 **7.05 Offering Inducements for Research Participation**

236 Psychologists do not offer services, financial benefits, or other incentives that could reasonably be
determined to coerce, or unduly influence, research participants' decision to participate. When professional

237 services are offered as an inducement for participation, psychologists provide relevant information
238 regarding the nature of the services, including relevant risks, obligations, and limitations. (Consult also
239 Standard 4.04 (a), Informed Consent in Research.)
240

241 **7.06 Use of Deception**

242 Psychologists do not employ deception unless the scientific, educational, or applied value of the research
243 cannot be achieved through non-deceptive methods, and they do not use deception when physical pain
244 or severe emotional distress is reasonably foreseeable. Psychologists explain the use of deception to
245 research participants as soon as feasible and no later than immediately after data collection, allowing
246 participants to withdraw their data.
247

248 **7.07 Debriefing**

249 **(a)** Based on the agreed protocol, psychologists (1) provide a reasonably prompt and timely opportunity
250 for participants to obtain information about the nature of the research and potential effects on
251 participants; (2) correct any misconceptions participants express about the research; and (3) communicate
252 results and conclusions to the participants and their communities following the termination of the
253 research. (Consult also Standards 3.07 (c), Accountability to the Public; 4.04 (a), Informed Consent in
254 Research.)
255

256 **(b)** If the research protocol justifies delaying or withholding debriefing information from participants,
257 psychologists take reasonable measures to reduce the risk of harm.
258

259 **(c)** If psychologists become aware that research procedures have harmed participants, they address and
260 report the harm, as appropriate. (Consult also Standard 2.01 (a), Maximizing Benefits and
261 Avoiding/Minimizing Harm.)
262

263 **7.08 Data Collection, Use, and Management**

264 **(a)** Psychologists who develop and use analytic tools (e.g., algorithms, digital therapeutics) take reasonable
265 steps to ensure that (1) the data are utilized in a fair and equitable manner; (2) all relevant groups are
266 considered in the development; and (3) marginalized groups and other participants selected for group
267 identify or other specific criteria are not exploited, misrepresented, or inaccurately portrayed.
268

269 **(b)** In the absence of regulatory oversight, psychologists develop data and safety procedures to monitor
270 and minimize potential risks of harm or unanticipated adverse events. (Consult also Standards 2.01 (c),
271 Maximizing Benefits and Avoiding/Minimizing Harm.)
272

273 **(c)** When conducting research with communities, psychologists determine (1) whether the same data
274 safeguards for individuals apply to groups; (2) which entities review and approve the research proposal;
275 (3) who owns the data; and (4) the level of involvement of participant groups in shared leadership,
276 decision making, and data dissemination.
277

278 **(d)** Psychologists take reasonable steps to ensure that the data collected and maintained during the
279 research project are secured, including implementing back-up systems, or appropriately destroyed
280 when no longer utilized. (Consult also Standard 6.04 (a), Security, Transmission, and Disposal of
281 Electronic Data.)
282

283 **(e)** When collecting data electronically, psychologists take reasonable steps to verify the accuracy of
284 relevant demographic factors or sample characteristics of the participants and the validity of the data.

285 Psychologists also make reasonable efforts to verify that participants in distance/online research are of the
286 legal age required for informed consent or obtain assent and consent from a legally authorized person.
287 (Consult also Standard 6.03 (d), Confidentiality, Privacy, and the Use of Technology.)
288

289 **7.09 Treatment Intervention Research**

290 **(a)** Psychologists who engage in treatment interventions research to address ethical concerns including, but
291 not limited to, (1) post-treatment access to care; (2) decisions regarding early termination; (3) cultural
292 considerations; (4) level of voluntariness of the participants who are also patients; and (5) selection criteria
293 and decisions. (Consult also Standard 4.01 (b), Elements of Informed Consent.)
294

295 **(b)** Psychologists take adequate steps to explain to clients/patients/recipients the difference
296 between experimental treatment intended to advance knowledge, and established treatment
297 intended to improve their condition.
298

299 **7.10 Digital Health Research**

300 **(a)** Psychologists attain and maintain competence in the use and implementation of digital health
301 technologies for research purposes. (Consult also Standard 6.01 (a), Technological Competencies.)
302

303 **(b)** When psychologists use digital health tools, such as smartphones and wearables, when engaging in
304 ecological momentary assessments, they make reasonable efforts to protect research participants'
305 privacy and confidentiality and to safeguard PHI. (Consult also Standard 6.03, Confidentiality, Privacy,
306 and the Use of Technology.)
307

308 **(c)** When conducting unregulated research, psychologists assess the appropriateness of digital tools, the
309 means of collecting, storing, and sharing data, and the risks and benefits of the research method, and
310 proceed accordingly. (Consult also Standard 6.01, Technological Competencies.)
311

312 **(d)** When engaged in ambulatory assessment (i.e., digitized gathering and use of biological and behavioral
313 data), psychologists use data security mechanisms (e.g., password-protected methods, data encryption
314 secure servers) to protect the data. They inform research participants of the relevant risks, costs, measures
315 to maintain security, and limits of privacy and confidentiality. (Consult also Standard 6.03 (a), Confidentiality,
316 Privacy, and the Use of Technology.)
317

318 **7.11 Data Sharing for Verification and Secondary Use**

319 **(a)** After research results are published, psychologists share their concluding data with other qualified,
320 competent professionals who seek to verify the substantive claims through reanalysis if (1) they agree to
321 use such data only for that purpose; (2) the confidentiality of the research participants can be protected;
322 and (3) the proprietary nature of the data does not preclude their release.
323

324 **(b)** Psychologists who request data from other psychologists to verify their substantive claims through
325 reanalysis use shared data only for the declared purpose and obtain prior written agreement for any
326 other uses of the data.
327

328 **(c)** Psychologists who contribute research data to shared data sets (e.g., big data) acquire documented
329 consent from participants for this usage and only after informing participants of the following: (1)
330 researchers may use the data for secondary purposes not originally intended; (2) the reasonably
331 foreseeable risks of harm; and (3) reidentification of protected deidentified information may be possible.
332

333 (d) When the permission of research participants is given for secondary use, psychologists explain to
334 participants the known possible risks of harm, the intent and scope of use, and potential for
335 reidentification.
336

337 **7.12 Misconduct in Reporting Research Results**

338 (a) Psychologists do not fabricate or falsify data. If psychologists discover significant errors in their
339 published data, they take reasonable steps to rectify such errors in a correction, retraction, erratum, or
340 other appropriate publication means. (Consult also Standards 3.01 (a) (b), Avoidance of False or
341 Deceptive Statements; 6.05 (a), Social Media and Online Platforms.)
342

343 (b) Psychologists provide an accurate description of data, sampling groups, and interpretation of results.
344 Participant groups involved in research are described accurately to avoid misrepresentation of the sample or
345 population. (Consult also Standards 3.01 (a) (d), Avoidance of False or Deceptive Statements; 6.05, Social
346 Media and Online Platforms.)
347

348 (c) If psychologists are involved in research in which they believe dishonesty or misrepresentation has
349 occurred, they make reasonable efforts to correct the occurrence and minimize harm to research
350 participants and others. (Consult also Standard 2.08 (a) (b), Misuse of Psychologists' or Others' Work.)
351

352 **7.13 Humane Care and Use of Animals in Research**

353 (a) Psychologists acquire, care for, study, and euthanize animals in compliance with current federal,
354 state, and local laws and regulations, and with professional standards.
355

356 (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise
357 all procedures involving animals and are responsible for and take appropriate measures to ensure their
358 comfort, health, and humane treatment.
359

360 (c) Psychologists ensure that all individuals under their supervision who are using animals have received
361 instruction in research methods and in the care, maintenance, and handling of the species being used to
362 the extent appropriate to their role. (Consult also Standard 1.04, Delegation of Work to Others.)
363

364 (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of
365 animal subjects.
366

367 (e) Psychologists only use a procedure subjecting animals to pain, stress, or privation when an
368 alternative procedure is unavailable and the approach can be reasonably justified by its
369 prospective scientific, educational, or applied value.
370

371 (f) Psychologists perform surgical procedures under appropriate anesthesia and follow accepted
372 techniques to avoid infection and minimize pain during and after surgery.
373

374 (g) When it is appropriate to euthanize animals, psychologists proceed rapidly and to minimize pain
375 using approaches in accordance with accepted professional and regulatory standards.
376

377 **7.14 Publication Credit**

378 (a) Psychologists take responsibility and credit, including authorship credit, only for work they have
379 actually performed or to which they have made substantial scientific or professional contributions. When
380 multiple authors or contributors are acknowledged for their research, psychologists receive credit and

381 other recognition relative to their contribution. Psychologists do not use their position of authority to
382 justify authorship credit. Faculty advisors discuss publication credit with students as early as feasible, and
383 throughout the research and publication process as appropriate.
384

385 **(b)** A student is listed as principal author on any multiple-authored publication that is substantially based on
386 the student's doctoral dissertation; however, psychologists who are faculty advisors may become first
387 author if (1) no significant progress has been made by the student on developing the dissertation into a
388 publication one year after graduation; (2) the student has given written permission after graduation for the
389 advisor to do so; (3) the amount of effort by the advisor after one year on the development of the
390 publication is substantial and consistent with acceptable first author efforts; and (4) recognition is given in
391 the publication that it is based on the student's dissertation. These requirements also apply to multiple
392 publications from the same dissertation.
393

394 **(c)** When generative artificial intelligence is substantially used in the development of a manuscript,
395 psychologists cite its use in the method section or other appropriate section of the manuscript.
396

397 **7.15 Duplicate Publication of Data**

398 Psychologists do not publish as original data, data that have been previously published. This does not
399 preclude republishing data when they are accompanied by proper acknowledgement. When
400 psychologists present results from one dataset in multiple publications, they appropriately cite the
401 dataset and reference published articles.
402

403 **7.16 Plagiarism and Self-Plagiarism**

404 **(a)** Psychologists do not represent the original work of others as their own in scientific publications,
405 presentations, or other modalities. Plagiarism includes use of online materials, content, and proprietary or
406 original ideas that are presented as open access as well as material from digital sources (e.g., social media,
407 generative artificial intelligence, digital technologies), that psychologists represent as their own scientific
408 work. (Consult also Standard 6.05 (e), Social Media and Online Platforms.)
409

410 **(b)** Psychologists do not present their previously published work as original. When psychologists use
411 earlier writings of their work in current publications, they cite the originally published work.
412

413 **7.17 Reviewers**

414 Psychologists who review material submitted for presentation, publication, grant, or research proposals take
415 appropriate measures to (1) protect the confidentiality of materials submitted and the proprietary rights of those
416 making submissions; (2) disclose potential conflicts of interest; and (3) possess the relevant expertise. (Consult
417 also Standards 1.01 (a), Scope of Competence; 2.02 (a), Conflict of Interest.)
418
419

420 **Education, Training, and Supervision**

422 **8.01 Design and Implementation of Education and Training Programs**

423 Psychologists responsible for education and training programs provide students with appropriate
424 activities/training, consistent with the standards of the profession, and meet other claims made by the
425 program.
426

427 **8.02 Descriptions of Education and Training Programs**

428 Psychologists responsible for describing education and training programs provide accurate and current
429 descriptions of program content, training goals and objectives, and requirements that must be met for
430 satisfactory completion of the program. They provide that potential students have sufficient and accurate
431 information to make informed decisions, such as the nature, scope, policies, costs, availability of stipends
432 and benefits, relation to educational and career pathways, and license eligibility. (Consult also Standard
433 3.01, Avoidance of False or Deceptive Statements.)
434

435 **8.03 Accuracy in Teaching and Training**

436 **(a)** Psychologists clearly define expectations through the syllabus for specific activities and evaluation at the
437 outset of the course. Psychologists ensure that course syllabi are accurate regarding expectations, the
438 subject matter to be covered, bases for evaluating progress, and the structure of the course. This standard
439 does not preclude an instructor from modifying course content or requirements, so long as students are
440 notified of these modifications, preferably in writing, in a manner that enables them to fulfill course
441 requirements. (Consult also Standard 3.01, Avoidance of False or Deceptive Statements.)
442

443 **(b)** Psychologists are accurate in their teaching and training. They select course materials that are current and
444 inclusive of psychological information and research and select activities that are appropriate for the goals of the
445 course. (Consult also Standards 1.03, Evidence Based Work and Scientific Knowledge and Method; 3.01, Avoidance
446 of False or Deceptive Statements.)
447

448 **8.04 Diversity within Educational Practice**

449 **(a)** Psychologists use reasonable care in selecting course/training materials that reflect the diversity of human
450 experience and culture. They critically evaluate the use of course/training materials so as to avoid the
451 perpetuation of stereotypes, prejudice, or systematic oppression of individuals, groups, communities, or people.
452

453 **(b)** Psychologists identify to power, privilege, culture, and related dynamics in both content and
454 teaching methods, and (2) assess and mitigate the potential for harmful power differentials with their
455 students.
456

457 **8.05 Supervision of Students and Trainees**

458 **(a)** Psychologists clearly define and communicate the nature and scope of supervisory roles to students and
459 trainees, including students facilitating research. (Consult also Standards 1.04, Delegation of Work to
460 Others; 3.01, Avoidance of False or Deceptive Statements.)
461

462 **(b)** Supervisors maintain any needed licensing/credentialing or, as applicable, notify supervisees in the case
463 of limits to such licensing/credentialing.
464

465 **8.06 Assessment of Student and Supervisee Learning and Performance**

466 **(a)** Psychologists establish timely and specific processes for providing relevant formative and summative
467 assessment and feedback that are communicated to students and supervisees. Psychologists evaluate students
468 and supervisees on the basis of their actual performance on established requirements. They make reasonable
469 efforts to avoid or minimize biases when assessing the learning and performance of students and supervisees.
470

471 **(b)** Psychologists make reasonable efforts to prevent and address academic dishonesty by students and
472 supervisees.
473

474 **8.07 Practicum, Applied, or Service-Learning Experiences**

475 When students are engaged in practicum, applied, or service-learning experiences, psychologists involved in
476 the learning experience make reasonable efforts to (1) assess the nature of the setting and clarify their
477 responsibilities for supervision or oversight between the site and students; (2) define outcomes; (3)
478 outline the scope of expected activities, responsibilities, and limitations during the learning experience; (4)
479 ensure students' safety in those work settings; and (5) engage with practicum, applied, or service-learning
480 partners in a manner that promotes transparency and students' well-being. (Consult also Standards 2.01,
481 Maximizing Benefits and Avoiding/Minimizing Harm; 2.07, Cooperation with Other Professionals; 3.01,
482 Avoidance of False or Deceptive Statements.)
483

484 **8.08 Responsibilities to Student Research Participants**

485 When psychologists conducting research have an evaluative or supervisory role over students who
486 are also participants in the psychologists' research, they take appropriate measures to ensure the
487 students understand that (1) participation is not mandatory; (2) students have other equitable
488 alternatives to fulfill program or job requirements; (3) any conflict of interest for researchers or
489 student participants are disclosed and resolved before participation in the research; (4) non-
490 participation or withdrawal from a research project does not adversely affect the students; and (5)
491 students have a reporting process to raise concerns about a supervising researcher that do not
492 involve the supervising researcher. Psychologists do not engage in undue influence or coercion to
493 induce participation. (Consult also Standards 7.03, Research Participants and Collaborators; 7.06, Use
494 of Deception; 7.07, Debriefing.)
495

496 **8.09 Individual or Group Therapy in Education**

497 **(a)** Psychologists only require individual or group therapy in courses or programs when appropriate to
498 the context and level of training.
499

500 **(b)** When individual or group therapy is a program or course requirement, psychologists responsible for
501 that program allow students in the program the option of selecting such therapy from practitioners
502 unaffiliated with the program.
503

504 **(c)** Faculty who are or are likely to be responsible for evaluating students' academic performance do not
505 themselves provide therapy to that student. (Consult also Standard 2.03, Multiple Relationships, Roles, and
506 Parties.
507

508 **8.10 Student Disclosure of Personal or Sensitive Information**

509 Psychologists do not require students or supervisees to disclose personal or sensitive information in course,
510 program, or training-related activities, either orally or in writing, except if (1) the program or training facility
511 has clearly identified this requirement in its admissions and program materials; or (2) the information is
512 necessary to evaluate or obtain assistance for students whose personal problems could reasonably be
513 judged to prevent them from performing their education, training, or professionally related activities in a
514 competent manner, or pose a threat to themselves or others.
515

516 **8.11 Sexual Relationships with Students and Supervisees**

517 Psychologists do not engage in sexual relationships with students or supervisees over whom the
518 psychologists have, or likely to have, evaluative authority. (Consult also Standard 2.03, Multiple
519 Relationships, Roles and Parties.)
520
521

Psychological Services

9.01 Bases for Psychological Services

(a) Psychologists tailor psychological services to clients'/patients'/recipients' characteristics, culture, and preferences, based on current research and the psychologists' area of expertise. (Consult also Standard 1.03 (b), Evidence Based Work and Scientific Knowledge and Method.)

(b) Psychologists do not utilize methods established as harmful or non-effective by the profession or that violates a client's/patient's/recipient's human rights.

9.02 Providing Treatment Services to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists take appropriate measures to identify treatment issues, determine services to be offered in light of compatibility with those provided by other professionals, consult with the client/patient/recipient and the other professionals, and if suitable, proceed with caution in determining the need for providing psychological services.

9.03 Interdisciplinary Services

(a) Psychologists make reasonable efforts to cooperate with professionals from other disciplines to serve clients/patients/recipients and minimize barriers to services.

(b) If psychologists' role and scope of work changes, psychologists assess the boundaries of their competence, identify the clients/patients/recipients, and determine the parameters of confidentiality. (Consult also Standards 1.01, Scope of Competence; 5.01, Maintaining Confidentiality.)

(c) Psychologists who continue psychological services after termination of other interdisciplinary services, recognize that termination may not be permanent, and make reasonable efforts to identify the implications of continued care that could impact future provision of interdisciplinary services and make decisions accordingly.

(d) When psychologists are asked to function outside their scope of competence in interdisciplinary settings, such as with severe or specialized primary care cases, they communicate the limits of their competency while continuing to also assist the treatment team as appropriate.

9.04 Sexual Conduct and Sexualized Relationships

(a) Psychologists do not engage in sexual or sexualized conduct with current clients/patients/recipients/third-party clients. Psychologists do not begin services with individuals with whom they are currently engaged in sexual or sexualized conduct.

(b) Psychologists engaged in psychological health services (including a treatment, method, or approach intended to improve the behavioral/cognitive/affective mental health of the client/patient/recipient) do not engage in sexual or sexualized conduct (e.g., text messages, etc.) with former clients/patients/recipients of those services within two years of termination of services. Even after a two-year interval, psychologists are prohibited from engaging in sexual or sexualized conduct except in rare circumstances, and bear the burden of demonstrating that none of the following factors result in the client'/patients'/recipients' exploitation or vulnerability, continued power imbalance, conflict of interest, or loss of objectivity of the psychologist: (1) the amount of time that has passed since services were terminated; (2) the nature, duration, and intensity of the services; (3) the circumstances of termination; (4)

570 their personal history; (5) their current mental health; (6) the likelihood of harm or adverse impact on
571 them; and (7) any statements or actions made by the psychologist during the course of services suggesting
572 or inviting the possibility of post termination sexual or sexualized conduct with them.

573
574 **(c)** Psychologists not engaged in psychological health services bear the burden of demonstrating sexual or
575 sexualized conduct with former clients/recipients of those services within two years of termination and
576 thereafter, does not arise out of or result in the clients'/recipients' exploitation or vulnerability, continued
577 power imbalance, conflict of interest, the likelihood of harm or adverse impact on the client/recipient of
578 services, or loss of objectivity of the psychologist.

579
580 **(d)** Psychologists regardless of the type of services provided do not engage in sexual or sexualized conduct
581 with individuals they know or reasonably should know to be close relatives, legal guardians, or partners of
582 current clients/patients/recipients of services.

583
584 **(e)** Psychologists do not terminate services with current clients/patients/recipients to circumvent these
585 Standards related to sexual or sexualized conduct.

586
587 **(f)** Psychologists do not engage in psychological health services with individuals with whom they have
588 previously engaged in sexual or sexualized conduct. Psychologists may provide other psychological services
589 apart from psychological health services to individuals with whom they have engaged in sexual or
590 sexualized conduct only if there is no apparent or reasonably foreseeable risk that doing so will result in,
591 the client/recipient's exploitation or vulnerability, harm or adverse impacts to the client/recipient of
592 services, a power imbalance, a conflict of interest, or the psychologist's loss of objectivity. Psychologists
593 bear the burden of demonstrating that none of these factors are present. (Consult also Standards 2.02,
594 Conflicts of Interest; 2.03, Multiple Relationships, Roles, and Parties.)

595 **9.05 Documentation, Maintenance, Dissemination, and Disposal of Records**

597 **(a)** Psychologists create and, to the extent the records are under their control, maintain, disseminate, store,
598 retain, and dispose of records and data relating to their psychological services to (1) facilitate provision of
599 future services by them or by other professionals; (2) verify the content and process of services; (3) address
600 risk management requirements; (4) meet institutional requirements; (5) ensure accuracy of billing and
601 payments; (6) ensure compliance with law; and (7) support supervisor oversight of services.

602
603 **(b)** When using technology, including generative artificial intelligence, for the preparation of
604 client/patient/recipient records, psychologists only input confidential information into secured and closed
605 systems. (Consult also Standards 5.01, Maintaining Confidentiality; 5.06 (a), Confidentiality and Electronic
606 Transmissions; 5.08, Maintenance, Dissemination, and Disposal of Confidential Records.)

607 **9.06 Fees and Financial Arrangements**

609 **(a)** As early as feasible, psychologists reach an agreement with clients/patients/recipients/third-party
610 clients regarding compensation and billing, recognizing that laws may govern financial arrangements, and
611 as applicable, discuss any impact to services that may arise from changes to client/patient/recipient/third-
612 party client finances. Psychologists do not misrepresent their fees.

613
614 **(b)** Psychologists make reasonable efforts to inform the responsible party in advance and provide them
615 sufficient opportunity to make prompt payment, prior to the use of a collection agency or legal measures
616 due to nonpayment. (Consult also Standard 5.02, Disclosures of Confidential Information.)

618 (c) Psychologists may not withhold records under their control for the emergency treatment of a
619 client/patient/recipient due to non-payment.

621 (d) Psychologists may accept payment of goods, services, or other non-monetary remuneration in return
622 for psychological services only if (1) it is not contraindicated; and (2) the resulting arrangement is not
623 exploitative.

625 **9.07 Accuracy in Reports to Payors and Funding Sources**

626 Psychologists are accurate in their reporting to payors or funding sources, including the nature of the
627 service provided, any fees, charges, or payments, and, where applicable, the identity of the provider, the
628 findings, and the diagnoses. They disclose the minimal amount of information to reasonably safeguard the
629 client's/patient's/recipient's confidentiality. (Consult also Standards 5.03, Minimizing Intrusions on Privacy;
630 5.06, Confidentiality and Electronic Transmissions.)

632 **9.08 Referrals and Fees**

633 When psychologists pay, receive payment from, or divide fees with another professional, other than in an
634 employer-employee relationship, the payment to each is based on the services provided (e.g., clinical,
635 consultative, administrative) and not on the referral itself. (Consult also Standard 2.07, Cooperation with
636 Other Professionals.)

638 **9.09 Interruption of Psychological Services**

639 Psychologists make reasonable efforts to plan in advance for facilitating services due to interruptions of the
640 psychologists, such as vacation, illness, death, unavailability, relocation, or retirement; or the
641 clients/patients/recipients/third-party clients, such as inability to pay or relocation.

643 **9.10 Terminating Services**

644 (a) Psychologists terminate services when it becomes reasonably clear that those whom they are serving no
645 longer need, are not likely to benefit from, or may be harmed by continuation of services.

647 (b) Psychologists may terminate services before it is indicated so long as they provide consultation or
648 referrals to the client/patient/recipient prior to termination, except where precluded by actions of the
649 client/patient/recipient/third-party client.

651 (c) Psychologists may terminate services when harassed, threatened, or endangered by the
652 client/patient/recipient/third-party client, a related person, community, or organization.

655 **Testing, Assessment, and Evaluation (TAE)**

657 **10.01 Bases for TAE Selection and Administration**

658 (a) Psychologists base their selection and administration of fair, valid, and reliable TAE on well-reasoned
659 determinations about the alignment among the (1) referral or research question; (2) purpose, intended use,
660 and suitability of the TAE for the client/patient/recipient; (3) applicable situational and contextual factors;
661 (4) normative sampling data and its reflection of the sociocultural and intersecting identity characteristics of
662 the TAE client/patient/recipient; and (5) current evidence or research regarding usefulness, relevance,
663 potential limitations, and proper application of TAE methods and techniques.

665 **(b)** To the extent feasible, psychologists select and administer TAE based on the language in which the
666 client/patient/recipient is proficient and competent, and if appropriate, use qualified interpretative
667 services to minimize potential harm to them.
668

669 **(c)** When psychologists conduct a record review or provide consultation or supervision and an individual
670 examination is not necessary or warranted for the opinion, psychologists (1) identify their sources of
671 information; (2) explain the impact of this limitation upon the validity, reliability, nature, and extent of
672 their findings; and (3) specify their rationale for proceeding.
673

674 **(d)** Psychologists select appropriate electronic tools, including the use of culturally appropriate methods,
675 based on (1) the suitability of the TAE for remote use; (2) their competence and that of the
676 clients/patients/recipients to utilize technology; (3) the availability of appropriate technology resources;
677 (4) the suitability for the client/patient/recipient relative to the referral or research question; and (5) the
678 ability of the client/patient/recipient to participate sufficiently in remote TAE. (Consult also Standards
679 6.01, Technological Competencies; 6.02, Appropriate Use of Technologies.)
680

681 **(e)** When using technology, psychologists conduct testing and assessment used for evaluation that meet
682 the same psychometric properties as in-person testing.
683

684 **10.02 Multimethod/Multisource Data Gathering**

685 **(a)** When appropriate, psychologists employ multiple methods to construct a credible, fair, valid, and
686 reliable basis upon which understanding is established and to mitigate the potential for harm resulting
687 from error and bias.
688

689 **(b)** When the TAE matter or question does not require a multimethod, multisource data gathering
690 approach, psychologists explain this fact, provide a rationale regarding the validity of their approach, and
691 identify relevant strengths and limitations associated with their approach or use of the data.
692

693 **(c)** When utilizing publicly available information (e.g., social media), psychologists assess and
694 document the nature, source, and credibility of that information. (Consult also Standard 6.05, Social
695 Media and Online Platforms.)
696

697 **(d)** When reporting their TAE findings, psychologists acknowledge the limitations and strengths of their
698 approaches and the resulting data, and any bearing it has upon conclusions drawn.
699

700 **10.03 Departures from Standardization**

701 **(a)** When deciding to depart from standardization conditions, methods, norms, or procedures that may
702 include emergent circumstances, psychologists reasonably base their decision on (1) the pre-determined
703 needs of the client/patient/recipient/third-party client; (2) identified barriers to fair and equitable access to
704 TAE services, such as the lack of norms for populations being evaluated; (3) relevant issues addressed in
705 current professional and scientific literature surrounding fairness and equivalence; and (4) applicable
706 authoritative sources, such as professional standards, criteria, and guidelines. When this literature is not
707 available, psychologists base their decisions on the nature and possible influences of the departures,
708 including limitations and potential errors.
709

710 **(b)** Psychologists disclose, provide a rationale for, and document the nature of the departure from
711 standardization, including relevant modifications or adaptations to the TAE setting or procedures, use of tools and
712 scoring, and remote administration. Psychologists reasonably explain potential implications pertaining to the

713 generated data and overall quality and integrity of the TAE and obtain informed consent prior to proceeding
714 whenever possible. (Consult also Standard 4.05, Informed Consent in Testing, Assessment, and Evaluation (TAE).)
715

716 **(c)** Psychologists refrain from implementing departures in standardized procedures that may reasonably
717 be expected to result in bias, disadvantage, or unjust discrimination. (Consult also Standard 2.01,
718 Maximizing Benefits and Avoiding/Minimizing Harm.)
719

720 **10.04 Analysis and Interpretation of TAE Results**

721 **(a)** Psychologists render opinions, provide interpretations, and base their results on accurate, fairly
722 reported, and substantiated information, data, methods, and techniques, and offer evaluative
723 statements, opinions, and recommendations (1) only about clients/patients/recipients to whom they
724 have provided TAE services or reviewed records; and (2) only as reasonably supported by the data,
725 analysis, and interpretation of results.
726

727 **(b)** Psychologists consider and provide reasonable alternative explanations when analyzing, interpreting, or
728 communicating TAE results when they determine that doing so is indicated by the data.
729

730 **(c)** As relevant, psychologists integrate considerations about situational and contextual factors, including
731 sociocultural, linguistic, and identity characteristics of the client/patient/recipient, tests and test-taking
732 factors in the analyses and interpretations they provide, considering the influence of these factors upon
733 their judgment and the accuracy of interpretations. Psychologists tailor computer-based results and
734 interpretations to the client/patient/recipient.
735

736 **(d)** Psychologists address and document relevant unexpected aspects of the TAE results and related
737 implications regarding the fairness, credibility, validity, and reliability of psychologists' analyses and
738 interpretations, as well as potential limitations.
739

740 **(e)** When interpreting TAE results with insufficient empirical support, psychologists exercise caution,
741 provide a reasonable rationale for the use of the results, and accurately qualify the findings.
742

743 **10.05 Maintaining Security of Test Materials**

744 **(a)** *Test materials* refer to manuals, instruments, protocols, and test questions or stimuli used during TAE,
745 and does not include *test data* as defined in Standard 10.07 Release of Test Data. Psychologists make
746 reasonable efforts to institute safety strategies and technological solutions to protect the integrity and
747 security of TAE test materials and techniques, including separation or redaction of test materials from the
748 client's/patient's/recipient's test data, while recognizing that protection measures are guided by the law
749 and contractual obligations.
750

751 **(b)** Psychologists take appropriate measures to protect the integrity and security of TAE by refraining from
752 (1) making public the administration, scoring, and interpretation of test materials; and (2) providing
753 individuals with coaching or prior knowledge of the content of TAE.
754

755 **(c)** In preparation for TAE, psychologists take appropriate measures to engage with
756 client/patients/recipients in a manner that is instructive and that supports compliance with test security
757 protocols, particularly within the context of electronic administration and telepsychology practices.
758
759

760 **10.06 Third-Party Observation**

761 **(a)** *Third-party observation* includes in-person or remote observation and audio or video recording.
762 Psychologists inform relevant parties about the potential effects of a third-party's presence upon the
763 results, conclusions, opinions, and court testimony. They explain that any potential influences and
764 limitations introduced by the presence of the third party will be discussed and documented in a report.
765 Psychologists obtain the client's/patient's/recipient's consent or assent to be observed, as relevant.
766

767 **(b)** In deciding to proceed with TAE, psychologists make reasonable efforts to mitigate likely adverse
768 effects of third-party observation on test security, standardized test administration, data validity, and
769 clients'/patients'/recipients' performance. They are guided by prevailing laws, professional guidelines, and
770 available scientific information, as applicable.
771

772 **(c)** Psychologists make reasonable efforts to minimize breaches to test security that may be introduced
773 by the presence of a third party. Available options could include obtaining an individual agreement or
774 protective order that requires the third party to maintain test security and restricts the party's presence,
775 role, and future use of the information.
776

777 **10.07 Release of Test Data**

778 **(a)** *Test data* refer to raw and scaled scores, client/patient/recipient responses to questions or stimuli,
779 and psychologists' notes, recordings, and observations concerning client/patient/recipient statements
780 and behavior during TAE. Test data also includes those portions of test materials on which
781 client/patient/recipient responses are recorded. Psychologists take appropriate measures to limit or
782 prevent access to test data when concerns arise about its possible misuse or misrepresentation,
783 potential threats to its validity and reliability, and any potential harm or injustice to the
784 client/patient/recipient/third-party client if data are released. Psychologists may, for example, establish
785 agreements with a third-party regarding test data to identify and restrict, as applicable, (a) intended use;
786 (b) others who would have access; and (c) purpose for additional dissemination. (Consult also Standards
787 2.08, Misuse of Psychologists' or Others' Work; 2.09, Conflicts Between Ethics and Law, Regulations, or
788 Other Governing Legal Authority.)
789

790 **(b)** Psychologists review applicable laws, regulations, and court orders when determining the release of
791 confidential test data and obtain an authorized release to make the data available to those properly
792 identified or designated, if necessary. (Consult also Standard 5.02, Disclosures of Confidential Information.)
793

794 **(c)** If protective measures are considered necessary due to an authorization to release data of the
795 client/patient/recipient/third-party client, psychologists document their rationale and take reasonable
796 steps to address the matter, which may include obtaining consultation or other remedies prior to
797 complying with or refraining from releasing test data.
798

799 **10.08 Obsolete Tests and Outdated Results**

800 **(a)** Psychologists refrain from the inappropriate use of obsolete tests and outdated data or results to
801 avoid inaccuracies, errors, bias, and unfair discrimination in their decisions about recommendations,
802 opinions, treatments, and interventions for the current purpose.
803

804 **(b)** Psychologists identify the merits and potential limitations and provide their rationale for using obsolete
805 tests and outdated results to further the understanding of the client/patient/recipient.
806
807

808 **10.09 Scoring and Interpretation Services**

809 **(a)** Psychologists who offer testing, scoring, or interpretation services to other professionals accurately
810 describe the purpose, norms, validity, reliability, and application of scoring methods and techniques, as
811 well as any special qualifications applicable to their use. (Consult also Standard 9.05, Documentation,
812 Maintenance, Dissemination, and Disposal of Records.)

813
814 **(b)** Psychologists select scoring and interpretation services (including automated or other outside
815 services) based upon relevant evidence pertaining to the validity of the program and procedures and
816 other relevant considerations. (Consult also Standard 1.03, Evidence Based Work and Scientific
817 Knowledge and Method.)

818
819 **(c)** Psychologists retain responsibility for the application, interpretation, and use of scoring methods,
820 whether conducted themselves or by use of automated or other services. (Consult also Standard 1.04,
821 Delegation of Work to Others.)

822
823 **10.10 Development of TAE Techniques**

824 **(a)** Psychologists who develop TAE techniques use appropriate psychometric procedures and current scientific and
825 professional knowledge for the design, standardization, validation, minimization or elimination of bias, and
826 recommendations for use. (Consult also Standard 1.03, Evidence Based Work and Scientific Knowledge and
827 Method.)

828
829 **(b)** Psychologists who develop TAE techniques apply scientific principles and knowledge to address
830 equivalence across linguistic, racial, cultural, and other diverse populations and indicate when
831 equivalence is not attainable.

832
833 **(c)** To advance understanding and to promote fair and accurate applications, psychologists who develop TAE
834 techniques report the relevant characteristics of the representative norming samples, including intersecting
835 characteristics.

836
837 **10.11 TAE by Unqualified Persons**

838 **(a)** Psychologists only enlist, engage, or endorse TAE by, persons with sufficient qualifications, except unqualified
839 persons may be involved if they are engaged in formal training and are under the active and direct supervision of a
840 psychologist or other appropriate supervisor. (Consult also Standard 1.04, Delegation of Work to Others.)

841
842 **(b)** Psychologists, and individuals under their supervision, who administer, score, and interpret TAE only do
843 so consistent with their level of training and competence.

844
845 **10.12 Communicating TAE Results**

846 **(a)** Psychologists make reasonable efforts to provide timely, fair, and integrated explanations of TAE
847 results, orally or in writing, to the clients/patients/recipients/third-party clients. When an explanation of
848 results is not possible, such as with some organizational and forensic work or when addressing pre-
849 employment and security concerns, psychologists then provide a clear explanation of this fact to recipients
850 in advance of testing.

851
852 **(b)** Psychologists engage interpreter services when necessary to help ensure that their explanations of test
853 results are delivered in a language that is understood by the client/patient/recipient/third-party client.
854 (Consult also Standards 1.04, Delegation of Work to Others; 4.01, Elements of Informed Consent; 5.01,
855 Maintaining Confidentiality.)

856
857
858
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860

(c) Unless precluded by law or other circumstances, when communicating results, psychologists address reasonable requests by TAE clients/patients/recipients/third-party clients and to clarify or correct information that is not complete, factual, or accurate to minimize the potential adverse impact of distortions or misinformation.

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
 - American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
 - American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
 - American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
 - American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
 - American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
 - American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
 - American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
 - American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
 - American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
 - American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
 - American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.
- Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable

capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority, Under no circumstances may this standard be used to justify or defend violating human rights.~~

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.



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PSYCHOLOGICAL
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Welcome to APA2024

A SUBSTANTIVE DISCUSSION OF THE APA ETHICS CODE REVISION

Session Chair: Linda Campbell, PhD

Session Vice Chair: Mark Leach, PhD

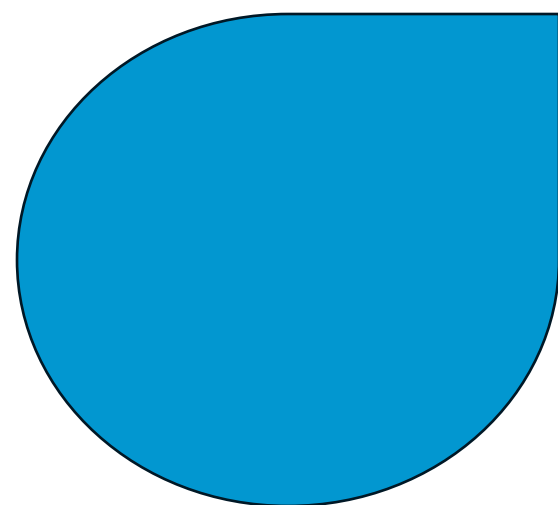
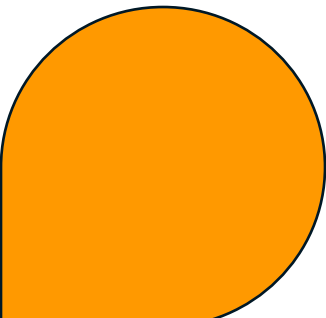
Presenters: Lindsay Childress-Beatty, JD, PhD

Rodney Lowman, PhD

Gayle Skawen:nio Morse, PhD

Linda Woolf, PhD

August 8-10, 2024, Seattle, Washington



ECTF Members/Liaisons

**Linda
Campbell, PhD
(Chair)**

**Mark Leach,
PhD
(Vice Chair)**

**Anita Brown,
PhD**

**Cyndie
Buckson, PhD**

**Melanie
Domenech
Rodriquez,
PhD**

**Rodney
Lowman, PhD**

**Greg Manship,
DBioEthics,
MDiv (Public
Member)**

**Gayle
Skawen:nio
Morse, PhD**

**Melissa Tehee,
JD, PhD**

**Linda Woolf,
PhD**

**Sheila Young,
PhD, Chair,
Ethics
Committee**

**Tamara Lyn,
PhD, Board of
Directors
Liaison**

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Charge of the ECTF

While retaining those aspects of our Ethics Code that serve the public and our discipline and profession well, the charge is to create a Code that is:

- **Visionary and transformational**
- **That remains a leading practice resource regarding ethics for psychological science, education and practice**



Consultation and Feedback


**Consultation with 10-12 subject matter experts
within the APA organizational structure**

**Equitable virtual discussions with representatives
from APA boards, committees, divisions, SPTAs,
EPAs, ASPPB**

**Posted information and a continuous open portal
for submission of comments at
[https://www.apa.org/ethics/task-force/code-
revision-feedback](https://www.apa.org/ethics/task-force/code-revision-feedback)**

**Reviewed and considered all population- based
guidelines and subject-matter guidelines**

APA Convention Town Hall Sessions Since APA2019



More focus requested on the following issues

A more collectivist approach that considers contextual, cultural, family and societal factors

A clear social justice and human rights emphasis

Guidance for the broad range of work setting expectations

Internationalization of psychology and increasing globalization

Ongoing advances in technology

Changes in diversity of the US population

Impact of sociohistorical context/culture on meaning and implementation of ethics



Structure of the Draft New Code

Principles In Revised Draft

Beneficence

Nonmaleficence

**Human and Civil
Rights**

**Integrity and
Trustworthiness**

**Recognition of
Social Systems
and the Natural
Environment**

**Respect for
Persons and
Peoples**

**Scientific
Mindedness**

**Justice and
Social Justice**

Revised after an initial draft was distributed to APA Boards and Committees, Divisions, SPTAs, EPAs, and ASPPB as well as comments from the APA Ethics Committee

Standards in Revised Draft

Competence

Testing,
Assessment
and Evaluation

Relationship
with the Public

Education,
Training and
Supervision

Research,
Publication
and Scientific
Integrity

Informed
Consent

Professional
Responsibility

Confidentiality
and Privacy

Psychological
Services

Technology

**Social Justice
and Human
Rights
Operationalized**

**Collectivist
Approach/Interrelat
edness/Community
Impact**

Power Dynamics

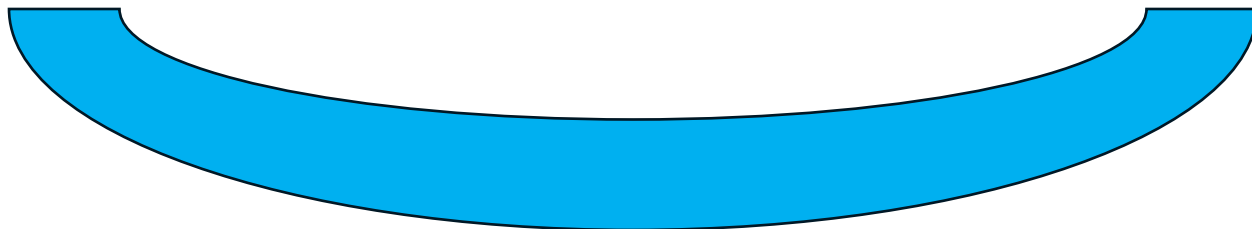
Social Justice

**Focus on cultural
context**

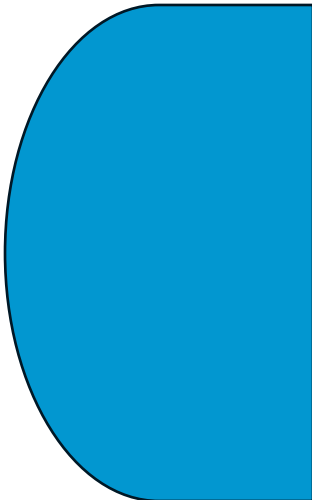
**Advocacy (including
Discussion of
Professional versus
Personal/Private)**

Diversity Factors Paragraph

- In their work-related activities, psychologists do not engage in discriminatory, biased or prejudiced treatment of persons based on age, gender, gender identity/diversity, race, color, ethnicity, culture, national origin, immigration status, language, religion, sexual orientation, disability, military or veteran status, or socioeconomic status.



New Definitions

- Clients/patients, Recipients, Third-party Clients
 - Multiple Roles, Multiple Relationships, Multiple Parties
 - Psychological Services
 - Sexual Conduct and Sexualized Relationships
- 

New Topics

- Digital Health Research
- Mentoring Students
- Publication Credit
- Experimental Research vs Treatment Intervention
- Self-Assessment and Professional Competence
- Interdisciplinary Practice



On-Going
Advances in
Technology

Telepsychology

Social Media

Wearables

Digital Therapeutics

**Multiple Data Sets (secondary
use)**

**AI/Machine Learning, including
Generative AI**

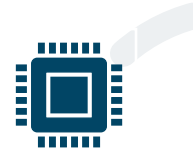
Social Media Issues Include

- **Clear distinctions between personal and professional communications when using social media**
- **Consideration of the professional impact posts could have on clients**
- **Social media communication should not blur boundaries with clients**
- **Accurately represent professional information in online forums**
- **When using Social Media, think about these terms and their differences: Confidentiality, Privacy, Professional, Personal**

Telepsychology Issues Include



Diversity variables in deciding if technology is the best modality for the client and not chosen for the convenience or preference of the therapist



Psychologists understand who has access to personal information transmitted, retained, and stored through use of mobile apps and other digital therapeutics and to inform their clients of the risks



Does the client have access to the hardware as well as the competence to engage electronically

AI Issues Include

- **When artificial intelligence is used in a manuscript or presentation, the use is disclosed and cited (where and how much of content is AI)**
- **AI cannot be cited as an author**
- **Confidentiality and Privacy – know where the data is going**
- **Interdisciplinary Competence**

Research Issues Include

- **Diversity factors that impact participants differentially based on group identity and potential for harm**
- **In research findings, participant demographics and diversity factors are described specifically and accurately**
- **Participants should be selected based on criteria matching the research questions rather than on ease of availability or other vulnerable positions**
- **Awareness of experimenter biases**

Big Data Issues Include

- **Informed consent regarding secondary use by researchers not affiliated with original data collection (i.e., that data could then be used for purposes not originally intended and reidentification of protected deidentified information is possible)**
- **When participant permission is given for secondary use, psychologists explain to participants the known possible risks of harm, the intent and scope of use, and potential for reidentification**

The image features a vibrant blue background with various white geometric shapes. On the left, there are two vertical dashed lines, a large white oval, a white square outline, and a cluster of four curved dashed lines. At the top, a white triangle points downwards. On the right, a large white semi-circle contains the text. The text is in a bold, black, sans-serif font, arranged in three lines: 'Next Steps in', 'the Review', and 'Process'.

Next Steps in the Review Process

ECTF Review Process

COMPLETION OF
FINAL DRAFTS OF
SECTIONS

SHARED WITH
ETHICS COMMITTEE
ON ROLLING BASIS

REVISED BASED ON
ETHICS COMMITTEE
COMMENTS

DRAFT OF
COMPLETE ETHICS
CODE TO OGC

REVISE BASED ON
OGC COMMENTS

90-DAY PUBLIC
COMMENT
PERIOD(S)

ECTF REVISIONS
AND REVIEWS BY EC
AND OGC

FINAL VERSION
TO ETHICS
COMMITTEE

ETHICS COMMITTEE
RECOMMENDS APA
BOARD AND COUNCIL
ADOPT

Important Opportunity to Comment on New APA Ethics Code

**HAVE
YOUR
VOICE
HEARD**

**Watch for the
Announcement to
Participate in the
Upcoming
90-day
Public Committee
Period
Upcoming**

Important Links

- Information related to the ECTF can be found at <https://www.apa.org/ethics/task-force>
- APA Ethics Code: www.apa.org/ethics/code



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Thank You!

[https://www.apa.org/
ethics/task-force](https://www.apa.org/ethics/task-force)

Here are the substantive differences between the **2017 APA Ethical Code** and the **Draft Revised Code (December 2024)**:

1. Structural Changes

- **2017 Code:** Organized into a **Preamble, Five General Principles (A-E), and Specific Ethical Standards.**
- **2024 Draft Code:** Introduces **Eight Principles** instead of five and explicitly outlines a **relationship between principles and enforceable standards.**

2. Expansion of Ethical Principles

- **2017 Code:**
 - Beneficence and Nonmaleficence
 - Fidelity and Responsibility
 - Integrity
 - Justice
 - Respect for People's Rights and Dignity
- **2024 Draft Code:**
 - Beneficence
 - Human and Civil Rights (*new*)
 - Integrity and Trustworthiness (*expanded*)
 - Justice and Social Justice (*expands Justice concept*)
 - Nonmaleficence
 - Recognition of Social Systems and the Natural Environment (*new*)
 - Respect for Persons and Peoples (*expands Respect for People's Rights and Dignity*)
 - Scientific Mindedness (*new*)

3. Inclusion of Social and Environmental Considerations

- **2024 Draft Code** significantly expands the **recognition of social systems, environmental factors, and diversity**, incorporating:
 - **Recognition of Social Systems and the Natural Environment:** Acknowledging the **impact of psychology on both human communities and the environment.**

- **Justice and Social Justice:** Explicitly addressing **systemic inequities** and advocating for **social justice actions by psychologists**.

4. Greater Emphasis on Technology and AI

- **2017 Code** mentions technology only briefly.
- **2024 Draft Code** includes an entire **Technology section**, covering:
 - Ethical use of **AI, digital therapeutics, algorithms, and electronic transmission of services**.
 - **Ensuring technological resources are culturally sensitive**.
 - **Avoiding potential harm from AI applications**.

5. Revised Definitions and Concepts

- **2024 Draft Code** introduces **new and clarified definitions**, including:
 - **Third-party clients** (organizations contracting services for individuals)
 - **Clients/Patients vs. Recipients** (distinguishing direct service recipients from third-party-referred individuals)
 - **Modifiers like “reasonable” and “appropriate”** to provide ethical flexibility.

6. Revised Standards and Enforcement Mechanisms

- **2017 Code:** Focuses on professional standards, confidentiality, and professional competence.
- **2024 Draft Code:**
 - **Expands Competence Standards:** Psychologists must engage in **self-assessment** and **ongoing professional development**.
 - **Clarifies Informed Consent and Privacy:** Stronger emphasis on **digital privacy and confidentiality**.
 - **Adds Explicit Ethical Decision-Making Framework:** Encouraging psychologists to consider multiple principles simultaneously.

7. Greater Focus on Bias, Equity, and Inclusion

- **2024 Draft Code** expands requirements for psychologists to:
 - **Identify and mitigate biases in their work**.
 - **Ensure equitable access to psychological services**.
 - **Proactively address human and civil rights issues**.

Summary of Key Differences

Category	2017 Code	2024 Draft Code
Principles	5 Principles	8 Principles (Expanded to include Social Justice, Scientific Mindedness, Environmental Concerns)
Social Justice Focus	Minimal	Strong emphasis on systemic inequities, bias mitigation, and equity
Technology & AI	Limited mentions	Dedicated section on ethical AI, digital services, and tech implications
Competence Requirements	Ongoing training	Expanded focus on self-assessment and evolving field knowledge
Environmental Considerations	Not included	Explicitly addressed in ethical considerations
Human Rights & Bias	General respect for rights	Expanded obligations to prevent discrimination and advocate for equity

Final Takeaway

The **2024 Draft Code** reflects a **broader, more inclusive, and forward-thinking** approach to ethics, integrating **social justice, environmental concerns, and digital advancements** while **strengthening ethical decision-making frameworks**. Let me know if you'd like a more detailed comparison of specific sections!

MEMORANDUM

DATE	February 18, 2025
TO	Board Members
FROM	Jonathan Burke Interim Executive Officer
SUBJECT	Agenda Item 18(b) Discussion and Possible Action on California Psychological Association Psychological Testing Technician Proposal For Inclusion in Sunset Bill

Background:

SB 1428 (Archuleta) in 2022 established a registration process for psychological testing technicians (PTT). PTTs administer and score standardized psychological tests and observe and describe clients' test behavior and responses under the supervision of a licensed psychologist.

PTTs must have a bachelor's degree or graduate degree, or be currently enrolled in a graduate degree program in the subject of psychology, or in education, with the field of specialization in educational psychology, counseling psychology or school psychology. They must be supervised by a psychologist licensed by the Board, complete 80 hours of education and training related to psychological testing (20 hours of direct observation, 40 hours guided testing and scoring, and 20 hours of education relating to law and ethics, confidentiality, and best practices), pay a registration fee, and complete a fingerprint background check.

The California Psychological Association (CPA) Fact Sheet states that "*The degrees in current law are very narrow and mirrors the language for licensed psychologists and restricts many qualified individuals from becoming technicians, that the person must have either a bachelor's degree in psychology, a bachelor's degree in education with a specialization in psychology or be enrolled in a graduate program for psychology or education psychology. This has led to individuals that are highly qualified with related degrees not being able to register as a psychological testing technician.*"

Currently, the Board reviews the degree conferred/awarded as reflected on the official transcripts submitted by applicants to determine whether it meets the statutory requirements. If the conferred/awarded degree does not state the subject as required by the statute, Board staff sends the transcript to a licensed expert to review the coursework and determine whether the degree is qualifying.

Board staff met with representatives from CPA to discuss possible changes that would increase the number of degrees that would qualify for licensure as a PTT. CPA agreed that listing multiple degrees could be counterproductive and said they would draft a proposal that granted the Board flexibility while expanding the potential applicant pool.

Action Requested:

Review the CPA proposed language and decide if it should be included in the Board's 2025 Sunset Bill.

Attachments:

CPA Fact Sheet

CPA Proposed Statutory Language (Hand Carry)



Expanding the Allowable Degrees for Psychological Testing Technician Registration

CPA sponsored [SB 1428 \(Archuleta\)](#) in 2022 that established a registration process for psychological testing technicians, who administer and score standardized psychological tests and observe and describe clients' test behavior and responses under the supervision of a licensed psychologist.

Psychological testing technicians must have a bachelor's degree, be supervised by a licensed psychologist, complete 80 hours of education and training related to psychological testing (20 hours observation, 40 hours guided testing and scoring, and 20 hours of classroom education), pay a registration fee, and complete a fingerprint background check.

Anecdotally we have heard from CPA members that their current wait times for psychological testing is between three and six months. This is a significant delay for patient's and with more technicians that wait could be reduced. This bottle neck in services is already impacting individuals living with neurodegenerative conditions (for example, Alzheimer's disease) and neurodevelopmental disorders (for example, Autism spectrum disorder or intellectual disability), who must rely on the diagnosis made by a psychologist before receiving benefits and treatment, clarifying legal or civil culpability, or engaging special education services. The Healthforce Center at UC San Francisco has already published findings that California is on track to lose at least 11% of its psychologists in the next decade. This is on top of the existing scarcity, particularly in under-served communities.

The degrees in current law are very narrow and mirrors the language for licensed psychologists and restricts many qualified individuals from becoming technicians, that the person must have either a bachelor's degree in psychology, a bachelor's degree in education with a specialization in psychology or be enrolled in a graduate program for psychology or education psychology. This has led to individuals that are highly qualified with related degrees not being able to register as a psychological testing technician.

For example, one of our members could not get a testing technician registration approved by the Board of Psychology who had a “psychological science” bachelor’s degree from University of California, Irvine. To solve this, the bill idea is to expand the list of eligible degrees to include closely related degrees, with the possibility of the Board of Psychology adding to them. This would allow more qualified individuals to become registered psychological testing technicians, expanding the workforce and capacity of licensed psychologists, and ultimately get more timely services to patients.

No opposition is anticipated, but discussions with the Board of Psychology will be important.

2999.101. To register as a psychological testing technician, a person shall submit the following to the board:

(a) An application that includes the following information:

(1) The applicant's name, identification, and contact information.

(2) The applicant's supervisor's name, license number, and contact information.

(3) Attestation under penalty of perjury that the information provided on the application is true and correct.

(b) Proof of completion of a bachelor's degree or graduate degree, or proof of current enrollment in a graduate degree program, from a regionally accredited university, college, or professional school, ~~in either any~~ of the following ~~subjects: areas:~~

(1) Psychology, including any field of specialization.

(2) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(3) Neurosciences, cognitive science, or behavioral sciences, including any field of specialization.

(4) (A) Any other closely related degree.

(B) The board shall make the final determination as to whether a degree or degree program meets the requirements of this paragraph.

(c) (1) Proof of completion of a minimum of 80 hours total of education and training relating to psychological or neuropsychological test administration and scoring that includes the following:

(A) At least 20 hours of direct observation, including at least 10 hours of direct observation of a licensed psychologist administering and scoring tests, and at least 10 hours of direct observation of either a licensed psychologist or registered psychological testing technician administering and scoring tests.

(B) At least 40 hours of administering and scoring tests in the presence of a licensed psychologist.

(C) At least 20 hours of education on topics including law and ethics, confidentiality, and best practices for test administration and scoring.

(2) Education and training may be obtained by doing any combination of the following:

(A) Participating in individual or group instruction provided by a licensed psychologist.

(B) Engaging in independent learning directed by a licensed psychologist.

(C) Completing graduate-level coursework at a regionally accredited university, college, or professional school.

(D) Taking continuing education courses from organizations with board approval pursuant to Section 2915.

(3) ~~Nothing in this chapter shall~~ This chapter does not prevent a person engaged in gaining the experience required by this subdivision from administering and scoring psychological and neuropsychological tests.

(d) The registration fee for a psychological testing technician as specified in Section 2987.

(e) Electronic fingerprint image scans for a state- and federal-level criminal offender record information search conducted through the Department of Justice.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or

infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within meaning of Section 6 of Article XIII B of the California Constitution.